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# The Housing of Handicapped Persons in Ontario

July 1977

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THE HOUSING OF HANDICAPPED  
PERSONS IN ONTARIO



PREPARED BY

THE OPERATIONAL PLANNING BRANCH  
ONTARIO HOUSING CORPORATION





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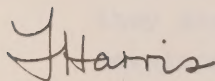
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P R E F A C E

This report is the result of an intensive study on the housing needs of the handicapped population in Ontario. The emphasis is on those handicapped individuals who require subsidized housing as provided by the Ontario Housing Corporation and the Ontario Ministry of Housing.


It was conducted under the direction of Mrs. Kim Harris, Consultant with O.H.C.'s Operational Planning Branch. Actively participating in the research were the Community Relations Co-ordinators: Mrs. Laura Schipper, Mrs. Mary Clarke, Mrs. Joan Leslie and Ms. Rita Donnelly.

Our appreciation is extended to Mrs. Nasreen Meghani whose typing skills and patience made this report possible.



Kim F. Harris  
Consultant  
Operational Planning Branch  
(Community Relations)

July, 1977



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ONTARIO HOUSING CORPORATION AND THE HOUSING OF  
HANDICAPPED PERSONS

INTRODUCTION

The housing of handicapped persons by the Ontario Housing Corporation was selected as a priority area for study by the former Community Relations Branch.

Major briefs covering this area were presented to the Minister of Housing and to the Secretariat for Social Development by both the Ontario Federation for the Physically Handicapped and the Advisory Council on the Physically Handicapped in 1976. Recommendations covering a gamut of situations made demands upon the Ministry of Housing for the provision of housing accommodation. The focus was on housing and a whole range of supportive services.

From a housing perspective, the briefs focused on the fact that:

- (a) general access to buildings is an area which has not received the attention it deserves. Because the minimum accessibility guidelines outlined by the Central Mortgage and Housing Corporation (C.M.H.C.)<sup>I</sup> are not mandatory, they are seen as merely "guidelines" by developers. The general features contained in the C.M.H.C. guidelines are seen as "suggested features".

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I - See Housing the Handicapped, C.M.H.C. NHA 5076, 1975

- (b) the choice of available, accessible accommodation does not exist for the physically handicapped.
- (c) the lack of a co-ordinated approach (vis-a-vis housing and supportive services) presents immense problems in the delivery of services and programs for the physically handicapped.

There was an apparent lack of information regarding O.H.C.'s housing policy and practices in this area. Like C.M.H.C., O.H.C.'s order of priority in the allocation of housing accommodation is:

- (1) Families
- (2) Senior Citizens
- (3) Special Groups (The Handicapped etc.)

Before policy direction could be ascertained, it became necessary to conduct a study by way of which, this information could be gathered.

#### PROBLEMS OF DEFINITION

The definitions related to handicaps and disabilities were so varied that selecting one that would adequately communicate the purpose of the study became a difficult task.

The following are some examples of the many definitions of a handicapped person.

1. THE ONTARIO FEDERATION FOR THE PHYSICALLY HANDICAPPED...

"Physically handicapped person shall mean a person who has a physical disability which is a permanent condition, caused either by disease or accident, or sometimes occurring at birth, that interferes with the performance of normal everyday living".

2. THE ONTARIO ADVISORY COUNCIL ON THE PHYSICALLY HANDICAPPED...

"A physically handicapped person is an individual who is impaired in functioning in one or more areas of daily living. This impairment causes unusual and long term dependency on other people and/or mechanical devices".

3. CONFERENCE OF THE CANADIAN REHABILITATION COUNCIL FOR THE DISABLED...

"A disabled person is a human being, who through disease, illness, congenital condition or traumatic experience, is impaired in functioning in one or more areas of daily living. This functional impairment causes unusual and undue dependency on one or more human beings and/or mechanical devices".



4. U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
(H.U.D.)...

"A handicapped person is one who has a physical impairment which is (a) expected to be of long, continued and indefinite duration; (b) substantially impedes his ability to live independently; and (c) is of such a nature that such ability can be improved by more suitable housing conditions".

5. HANDICAPPED AND IMPAIRED IN GREAT BRITAIN (PART 1)...

"Disabled - the loss or reduction of functional ability".

"Impairment - lacking part of or all of a limb, or having a defective limb, organ, or mechanism".

"Handicap - the disadvantage caused by disability".

As illustrated, the definitions place emphasis on different handicaps leaving room for not only different perspectives, but also differing interpretations.

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\* Definitions 3, 4, & 5: Pages 286 - 287

Housing and Home Services for the Disabled, guidelines and experiences in independent living, by Gini Laurie, 1977, Harper and Row Publishers, Maryland, U.S.A.

Because O.H.C.'s mandate is primarily the provision of adequate housing accommodation on the basis of need, a definition which best represented O.H.C.'s basic interest was sought. Emphasis was placed on only those handicaps which would likely necessitate a range of structural modifications or adaptations to the physical accommodation. As with the other definitions, the selected operational definition was also open to interpretation by the individuals who undertook the completion of the questionnaires.

The definition of "handicapped" used for purposes of this study is:

"A person who has a disability which interferes with daily living hence forcing a degree of dependency requiring additional services and/or facilities or modification".

OBJECTIVES OF THE STUDY

1. To accurately determine the current occupancy rate of the handicapped in the Ontario Housing Corporation housing projects throughout Ontario.
2. To determine the present extent of involvement by social agencies and organizations in Ontario in providing support services for the handicapped persons currently housed by Ontario Housing Corporation.
3. To determine the adequacy of present physical facilities and housing accommodation for the handicapped persons residing in Ontario Housing projects.
4. To make recommendations concerning future O.H.C. housing policy as it relates to handicapped persons taking into account other Ministry of Housing programs.
5. To make recommendations regarding the definition of "need" and "eligibility" in the provision of housing accommodation.

In meeting the above objectives, the study has focused on five fundamental questions:



1. What is Ontario Housing Corporation's responsibility in this area of housing?
2. Should O.H.C. give preferential treatment to handicapped persons in its housing policy and practices?
3. Should a handicap constitute a criterion for "special group" status in O.H.C.'s housing policy?
4. How should O.H.C. house single handicapped persons under the age of sixty in the province where one bedroom and bachelor apartments are available only in senior citizen housing?
5. What Ministry (Housing) programs would best meet the needs of handicapped persons with regard to the provision of adequate housing: Rent Supplement Program, Ontario Home Renewal Program (Rental), or Ontario Housing Corporation's projects with structural modification?

This study was designed on the format of a survey and case study with both social research and cost analytic techniques being employed. The study was structured into three phases:

PHASE I: INFORMATION GATHERING

- (a) Questionnaires: The purpose served by the questionnaires was a quantitative identification of the O.H.C. handicapped population by location. A follow-up was done to complement the questionnaire and this provided a measure of the supply and demand for O.H.C. housing by the handicapped population.
- (b) Information on current programs, services, concerns, and related issues was compiled from government ministries, municipal agencies, social agencies and representatives of the handicapped population.
- (c) A thorough study of the Pilot Projects under the Rent Supplement Program was undertaken to appraise the relative value of the programs. (The Pilot Projects / Clarendon Foundation in Toronto, Rehabilitation Institute in Ottawa, and the Thunder Bay and Windsor Projects are referred to in (c).) The handicapped tenants' views on the housing of handicapped persons, including views on adequate modifications, were sought.

PHASE II: ANALYSIS OF DATA

- (a) Interpretation of data from the questionnaires and follow-up.
- (b) Assessment and evaluation of related services and programs as well as Pilot Projects.
- (c) Selection of special in-depth case study areas based on results of the data analysis.

METHODOLOGY:

A total of 1,225 questionnaires were mailed out to all Metropolitan Toronto District Offices as well as to all the Ontario Housing projects (Direct and Indirect Management) throughout the province. All rent supplement units were included in the provincial survey. One questionnaire was completed for each project in existence. The questionnaire returns were 100% in the Metro Toronto area and 96.09% in the province. Because of the nature of the information being solicited by the questionnaires, verification became difficult within the Metropolitan Toronto area where the districts have 5,000 tenants and up. It is therefore our projection that the Metropolitan statistics should serve only as indicators and that they should not be taken as accurate data.

The large portfolios in Metro (5,000 tenants and more) would make it extremely difficult to accurately calculate the exact number of disabled persons in each project.



However, in seeking more accurate data, Metropolitan Toronto District F. was selected for an in-depth study conducted with the assistance of the Community Relations Worker in that District. With a total population of 5,345 and a 1.23% handicapped population, District F. has a fair distribution of types of handicaps (i.e. physically handicapped, blind, deaf, and retarded, etc.). An in-depth analysis would allow the study to zero-in on one very fundamental question which is: How adequately housed are the handicapped tenants and what specific modifications have been made to the units to facilitate mobility within the units as well as within the project?

Given the uncertainty of the accuracy of the Metropolitan Toronto data for reasons already outlined, District F. could be taken as one which closely reflects the actual situation and we may therefore look upon it as a prototype of the Ontario Housing Corporation's projects in Metropolitan Toronto.

In the province, however, the information received from the questionnaires would be closer to accurate. Manpower constraints did not permit the verification of statistics submitted beyond a telephone follow-up.

However, the telephone follow-up allowed verification of the information given on the questionnaires. From the provincial portfolio, Smith Falls and Peterborough were selected as case studies to illustrate some very pertinent problem areas.

Paramount in the study was our objective to measure the degree of need for housing by handicapped persons. The statistics include the total numbers of specially designed units built by the Corporation as well as total numbers of handicapped persons on waiting lists in each of the provincial portfolios. It should be noted that the waiting lists reflect only those handicapped persons who applied for and required subsidized rental housing accommodation as provided by O.H.C.

THE GENERAL METHODOLOGY: Primary data was collected through the use of a questionnaire. As the completed questionnaires were returned, a follow-up was done by telephone to determine the number of specially designed units and/or units structurally modified to accommodate a physically handicapped person. Information on the number of vacant specially designed handicap units was compiled in relation to the handicapped applicants on the waiting lists in each portfolio.

Pilot Projects:

In doing a thorough study of the Pilot Projects, there were six fundamental questions which required examination. It should be noted that at the time this report was compiled, the Windsor and Thunder Bay projects were not as yet operative.

The Thunder Bay project had not yet received C.M.H.C. approval. A good portion of this study focused on the Pilot Projects despite the fact that they are not O.H.C. projects per se because it was felt that their effectiveness would greatly affect any recommendations forthcoming from this study. Six questions remained fundamental in the review of the four pilot projects:

1. By providing housing to severely handicapped persons requiring personal care services, is the Ministry of Housing indeed creating "mini" institutions with the Ministry of Housing providing the physical accommodation through the Rent Supplement Program or other Ministry programs?
2. Other than on an experimental basis as outlined in the Pilot Projects, is it feasible for either Ontario Housing Corporation or the Ministry of Housing to supply housing to severely handicapped persons i.e. those who require personal care and support services, based on the four pilot models which have been established?
3. If the trend is integration in the community at large, are the Pilot Projects which have been established a viable avenue toward that end?
4. In the operative projects, what are the tenants' views regarding integration in the community?
5. In the Windsor and Thunder Bay projects, was there an assessment done of the need for housing?
6. Is it feasible for Ontario Housing Corporation or the Ministry of Housing to supply accommodation for live-in help?



A review of the Pilot Projects included thorough descriptions of the facilities available to the tenants. Of particular interest were the design of individual apartments being occupied by the handicapped tenants and the services available to them by virtue of their tenancy. The selection criteria were given special attention with particular emphasis on the type of tenant being recruited, i.e. young/old, employed/unemployed, student/non-student, etc. The rent being paid by the individual tenants is also documented and where possible, attempts were made to document the cost factor on a per capita basis.



ISSUES & CONCERNS

CURRENT OHC HOUSING TRENDS

The actual population of handicapped persons in Ontario has never been accurately documented. Various estimates have however been presented and these have ranged from 8% to 14% of the population.<sup>I</sup> The Federation for the Physically Handicapped as well as the Advisory Council on the Physically Handicapped accept the estimate that 10% of the population or 750,000 persons in Ontario are handicapped.\* It is on this basis that recommendations have been made by the Federation to the effect that 10% of any new units should be designed specifically for adaptation for the physically handicapped. It is of interest to note that the Department of Housing and Urban Development (H.U.D.) in the United States also uses the same figure of 10% in their estimates of the handicapped population.

The findings from this study do not allow the acceptance or negation of the various percentages of the handicapped population assumed. However, in view of the size of the sampling (approx, 87,000 persons in Metropolitan Toronto and 91,000 persons in the province exclusive of Metro Toronto) the statistics do indicate a trend in O.H.C. housing practices.

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I - See Brief on Housing and Related Support Services for the Physically Handicapped by the Ontario Federation for the Physically Handicapped, December, 1976 (page 2).

\* See page 5, C.M.H.C.'s Housing the Handicapped, NHA 5076, 1975.

TABLE 1

<u>ONTARIO SURVEY EXCLUDING METRO TORONTO</u>	
Total Pop Sampled:	90,751
Total H.C. Pop:	2,938
Percentage of H.C. to total Pop:	3.23%

H.C. - Handicapped

Pop. - Population

The percentage of handicapped persons shown in Table 1 reflects the current tenants in O.H.C. projects outside Metropolitan Toronto as of March 31, 1977. Of the 3.23% some are housed in specially designed units while others are in regular units which are modified to varying degrees on a custom basis. The survey showed that a great number of the non-wheelchair bound handicapped tenants required minimal modification to their units as they could function adequately in a regular unit.

TABLE 2

<u>ONTARIO SURVEY EXCLUDING METRO TORONTO</u>	
Total # specially designed units for H.C.	134*
Total # specially designed units occupied by H.C.	104
Total # special units occupied by non-H.C.	30

\*134 units are the existing specially designed units only. Many localities reported that special units were already under construction and these are not included in this study.



The result of the survey showed that of the available 134 specially designed units, only 104 are occupied by handicapped tenants. The remaining 30 or 22.38% are rented out to non-handicapped tenants.

TABLE 3

<u>ONTARIO SURVEY EXCLUDING METRO TORONTO</u> <u>(MARCH 31, 1977)</u>	
Total # of applicants on waiting list:	27,204
Total # of H.C. applicants on waiting list	148
Percentage of H.C. applicants to total on waiting list:	0.54%

One can conclude from Tables 2 and 3 that the demand for specially designed housing is not as great as originally assumed. Of the 148 handicapped persons on the waiting list, 45 are in the Southern Branch portfolio (23 of the 45 in the jurisdiction of the East Niagara Housing Authority). 137 of the 148 applicants are in the Central, Southern and Southwestern Branches. The Eastern Branch has 4 handicapped persons on their waiting lists, Northwestern Branch has 0, and Northern Branch 7.

TABLE 4

<u>ONTARIO SURVEY EXCLUDING METRO TORONTO</u> <u>(MARCH 31, 1977)</u>			
BRANCH	TOTAL PERSONS WAITING LIST	TOTAL H.C. ON WAITING LIST	% H.C. APPLICANTS
Central	5,901	20	0.34
Southern	5,315	45	0.85
Southwestern	3,812	72	1.9
Eastern	6,095	4	0.06
Northwestern	1,472	0	0
Northern	4,609	7	0.15

The handicapped form 0.54% of the total\* provincial waiting list exclusive of Metro Toronto. The percentage of handicapped applicants to the total waiting list could be taken as a significant yardstick for measuring need/demand for housing by handicapped persons.

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\* Table 4 is based on 96.09% questionnaire returns.

The distribution of specially designed units and the occupancy rates are shown in Table 5 by Branch:

TABLE 5

<u>ONTARIO SURVEY EXCLUDING METRO TORONTO</u>			
<u>(MARCH 31, 1977)</u>			
BRANCH	SPECIALLY DESIGNED UNITS FOR HANDICAPPED	# OF SPECIALLY DESIGNED UNITS OCCUPIED BY H.C.	# OF UNITS OCCUPIED BY NON-H.C.
Central	10	10	0
Southern	12	9	3
Southwestern	29	20	9
Eastern	65	59	6
Northwestern	14	6	8
Northern	4	0	4
	134	104	30

UNIT MODIFICATION  
O.H.C. AND HOUSING AUTHORITIES

The Ontario Housing Corporation does not have an explicit policy with regard to unit modification. However, there is an implicit policy and unit modifications are done upon request. No family units have been built by O.H.C. specially for the handicapped, although in recently constructed high rise apartment buildings, all public areas such as recreation rooms, elevators, and parking lots generally have accessibility for wheelchairs. Under Section 5 of the Ontario Building Code, all buildings exceeding three storeys are required to provide access and entry by handicapped persons. Where the entrance is obstructed by stairs, and where a unit may require structural modification, the property manager has authority to make the necessary modifications upon request by the tenant. It was not possible to determine the actual cost of modifications because these range from installing a grab-bar to widening doorways and lowering kitchen counters etc. (See page 61).

SPECIALLY DESIGNED UNITS (O.H.C.)

As O.H.C. Senior Citizen Housing is primarily in the Province, the specially designed units are generally found outside Metropolitan Toronto. For senior citizen units, three designs are available which, according to O.H.C. Chief Architect's Office, have been approved by the Ontario Federation for the Physically Handicapped and Central Mortgage and Housing Corporation.



Each unit is built to detailed specifications as outlined in the O.H.C.'s Senior Citizen Housing Multi-Storey Planning and Design Requirements, Section B23, (Handicapped Requirements). Such units are suitable for many handicapped persons and may be further modified upon request.

The specially designed units built by O.H.C. include such features as lowered kitchen cupboards, five foot turn-around radius in the bathrooms and knee space under the sinks. They are generally designed for occupancy by persons in wheelchairs.

According to the O.H.C. Chief Architect's office, the new system of modified tender will give O.H.C. control over building plans and this will ensure that all specifications are adhered to. Prior to this, in answer to a tender call, developers presented plans and drawings to O.H.C. with O.H.C. choosing the most suitable plan. The developer with the most suitable plan was often awarded the contract. The present system which ensures that all requisites are met requires the architects to prepare drawings to O.H.C. specifications after which tenders to construction are called.

The study on the Housing of Handicapped Persons in Ontario has shown that there is no all encompassing modification which would suit a variety of handicaps and that specific unit modifications must necessarily continue to be done on a custom basis. With the exception of wheelchair cases, it is difficult to generalize about unit requirements and the numerous

visits and interviews with handicapped people revealed a range of attitudes and expectations toward physical and structural adaptations. Some severely handicapped persons required little or no modification to their units while others with comparatively minor handicaps required several structural adaptations.

Peterborough is one of two areas selected to illustrate O.H.C.'s specially designed units, their clientele, and special features.

PETERBOROUGH - DIRECT MANAGEMENT - O.H.C.

The apartment building in Peterborough is located at 486 Donegal Street. It consists of 100 units, 10% of which were built specifically for handicapped persons. The units contain many special features - such as:

1. Kitchen - counters are slightly sunk so that a normal person could still use them; cupboards are built adjacent to kitchen counter; front control stoves are provided;
2. Bathroom - larger than standard;
3. Intercom - installed lower;

The units are 465 square feet and although there are a good many features, the people in the wheelchairs particularly appeared to have some trouble negotiating the turns from the bedroom into the bathroom because of the layout.

The people living in these units ranged in age from 45 - 70. One resident - 37 - was the youngest person in the building.

Since this is a senior citizen's building - the units built for the handicapped are occupied by older people whose handicaps in the main are of a progressive nature and who will ultimately require a wheelchair.

The age selection and allocation for this building was deliberate, keeping in mind the compatibility of all the residents in the building. The activities, interests and facilities are available and accessible to all.

The young handicapped applicants have been housed in Rent Supplement units and specific modifications were made by the owner and reimbursed by Ontario Housing Corporation. The Property Management, through experience, has found this method most satisfactory to all concerned.

The family composition in two interviews involved a husband and wife, one of whom was handicapped. Thus the specially designed unit was most appreciated but not entirely necessary.

SMITH FALLS - HOUSING AUTHORITY - O.H.C.

BACKGROUND AND GENERAL DISCUSSION

In designing buildings, one should keep in mind the context of the local surrounding community. Smith Falls is considered to be a "depressed area", the rate of present unemployment is 15%. The population of Smith Falls is approximately 10,000. Major employers in this town are Hershey Chocolate Industry, R.C.A., Beach Industry, Wire and Rope Industry, Stone Industry and the Rideau Regional Centre for Retarded Persons. The Rideau Regional Centre for Retarded Persons accommodates from 1,400 to 1,600 retarded persons.

This is an old railway town where the Canadian National Railway (C.N.R.) was formerly located and many of the middle and upper age group were previously employed with C.N.R. It is considered to be a "rough town" with an abnormally high percentage of drug users and alcohol consumers both amongst the older and younger population, the elderly being primarily consumers of alcohol.

There are, in Smith Falls, 276 Ontario Housing Corporation units with 149 of the units being for senior citizens.

Much of the town appeared to be moderately poor. Considering these factors, it is not unusual to learn from the handicapped tenants that they are extremely pleased and proud of their apartments, considering themselves to be very lucky indeed to be accommodated with Ontario Housing Corporation.



A weekly bus service for shopping is provided by the local Kinsmen Club for the seniors and those persons who are handicapped.

There appears to be a real sense of community in the O.H.C. buildings and the Manager spoke freely and in a down-to-earth manner to the tenants. The Manager took a personal interest in the tenants and they responded to him favourably. Without a Community Relations Worker, the Manager also looks after the tenants' social concerns.

A STUDY OF THE BUILDING AND UNIT DESIGN AND MODIFICATIONS  
FOR THE HANDICAPPED (SMITH FALLS)

In studying the design of the units and the building accessibility, obvious limitations were noted and the "Detailed Checklist for Building Use" by the National Research Council was employed as a reference to ascertain whether special design features had been incorporated by design or through subsequent modification. A case may be made for modification after tenant move-in when considering this particular portfolio since the major modifications were made only for the handicapped tenant who lived by herself.

The other tenants who had spouses were able to "trade off" where the design limitations did not facilitate complete convenience in the apartment for the handicapped partner.

The following list details those areas which has been incorporated into the building design and notes where modifications were subsequently contracted for under the Maintenance and Improvement section of the project budget:

BATHROOMS:

Showers were built instead of bathtubs. A flexible hose was installed within easy reach by handicapped tenants and a permanent bench was located in the shower stall. However, further modification was required in this area and an extra three inches or so were added to the bench to facilitate accessibility to the handicapped tenant.

Toilet seats had not been adjusted at the time of take-over for use by wheelchair tenants. Other modifications were made in some of the units; one tenant had installed her own commode device over the toilet seat.

Doors to the bathrooms opened directly in to a towel rack. Modification was made in two of the bathrooms by removing doors and installing curtains instead. Mirrors had not been lowered but this modification was carried out for handicapped persons who lived by themselves. Grab bars were located in the shower stall. Modifications were required to the cupboards in the bathrooms with cupboards under the sink being removed to allow the wheelchair tenants access to the taps. Taps were of normal knob design, rather than the lever type. Space in the bathrooms was limited with exact dimensions unknown.

KITCHENS:

Kitchens were small and wheelchair-bound persons could "just manage" as the plan did not allow for ease of movement. Back dial stoves presented a real safety hazard, particularly to one handicapped tenant who lived by herself. The manager was aware of this fact and had been attempting to have front dial stoves purchased for some time.

The units appeared more like "monettes" than apartments due to the limited space in all areas.

Floor to ceiling cupboards were located at the side of the room. Although shelves on the lower part of the cupboards were accessible to a wheelchair-bound person, only one shelf could be reached of the three in the upper area. Sliding cupboard doors presented a positive feature for the handicapped wheelchair bound person. However, the reaching ability of a person in a wheelchair had not been considered in designing the kitchen cupboards and counter depths. In the unit occupied by a sole handicapped wheelchair-bound person, the counter tops required adaptation.

Dining facilities were located in the living room. This arrangement did not allow for the checklist suggestion that the eating space be provided near the food preparation area.

LIVING ROOM AND HALL AREA:

Intercoms had to be lowered following tenant move-in and electrical outlets were located about 1½ feet from the floor. Thermostats were not lowered at

the time of move-in, although windows in living rooms and bedrooms were lowered and easy to look out of for the wheelchair-bound person.

Clothes closets in the hallways and bedrooms were equipped with sliding doors. However, the clothes rods were not low enough to accommodate a chairperson comfortably. There was a telephone outlet in both the living and bedroom areas. A peep hole was installed in the door at a lower height for the chairperson living alone. Hallways outside the bathrooms did not allow sufficient turning radius for a wheelchair.

#### APARTMENT ENTRANCE AND EXITS:

The patio area had a series of cemented blocks with grass surrounding the area and use of ramps here would not facilitate mobility. Exit from front doors allows access to the park as well as to the back area and appeared to offer a satisfactory alternative.

#### PUBLIC AREAS:

Public laundry facilities had the normal top loading rather than front loading washing machines according to Manager.

#### PARKING:

All parking spaces were provided above ground and allowed access by the handicapped tenants. However, provision had only been made for about ten cars in a building of forty-five apartments.



BUILDING ENTRANCE:

The entrance was accessible and a cement ramp was provided. Handrails were installed beside the ramps following take-over of the buildings. The front main entrance was not completely protected from the rain and snow.

LOBBY AREA:

The lobby was large enough for wheelchair and non-wheelchair residents to move freely. The floor surface in lobby did not remain non-slip when wet but a full slush mat was laid during winter and rainy weather. The outside doors were heavy and may be difficult for a wheelchair person to open. However, they must be heavy to conform to fire regulations.

The vestibule allowed sufficient room for movement for a wheelchair person or person on crutches to open both the inner and the outer doors; lock systems on the doors could be operated with one hand.

ELEVATORS:

Handrails were not provided on three sides of the elevator cab. Elevators had wheelchair accessibility, and the internal cab dimensions provided ample capacity for accommodating wheelchairs. The elevators stopped precisely at front level and the elevator doors were slow, allowing sufficient

time for an elderly person, wheelchair person or one on crutches to move in or out. The stairs were well lit and emergency lighting was provided where required. The top stair tread was not marked for easy recognition. The outside ramp was not protected from rain, and ice was known to readily accumulate there in the winter time. Ramp surface was not non-slip. The fire alarm registers were not within easy reach of the chair person.

TENANT PROFILES

To illustrate the clientele for the specially designed units, five tenant profiles are presented below:

TENANT PROFILE 1:

Location:	Outside Metro Toronto
Sex:	Male
Age:	65 years
Marital Status:	Married
Source of Income:	59 year old wife is employed.

The tenant is an English immigrant who has lived in Canada for 4½ years. He was sponsored by his two children who are both married and are home-owners in Mississauga, Ontario. He is not eligible for GAINS - Disabled because of the residency requirement. He lives in an O.H.C. senior citizen housing project and occupies a well furnished one-bedroom apartment with his wife who works from 11.00 a.m. to 3.00 p.m. in a local Post Office. The wife's income is unknown although this tenant said it was "just enough to make ends meet". He has been an O.H.C. tenant for 3½ years.

This tenant lost both legs and both arms. He was afflicted with Buerger's disease which is described as an inflammatory and thrombotic process of the arteries and veins.

It is a circulatory disease affecting the limbs and principally the fingers and toes. His legs and arms were amputated due to gangrene. (The Buerger's disease is a rare disease most commonly seen in men 25 - 35 years old and is believed to be caused by smoking).

The apartment is built to O.H.C. Senior Citizen Housing Specifications, but is not a specially designed unit. The only modification required and which was done by O.H.C. was to lower the intercom. He stated he did not need any other modifications (neither did he require a front dial stove, support care, or personal care service). Although the light switches were a little too high, he felt it was not necessary to lower them at this time (perhaps when he was older). This tenant is mobile, using his artificial limbs quite skillfully. He manages well around the apartment, making coffee for himself and looking after his own personal hygiene and grooming. He sits by his living room window painting pictures of birds and little children. This tenant was quite satisfied with his unit. He however complained about:

- (a) the uneven gradient of the ramps at the front entrance which he maintained made access difficult;
- (b) the heavy doors which he found difficult to open.

TENANT PROFILE 2:

Location:	Outside Metro Toronto
Sex:	Female
Age:	Mid to late 40's
Marital Status:	Single
Source of Income:	Disability Pension

This tenant has rheumatoid arthritis. She has two artificial hips and inserted knee plates, using two canes for negotiating steps. She is on a disability pension having worked full-time up until 1970. She then worked part-time and had to retire completely after 1974. She has lived in O.H.C. housing for four months and is satisfied with the accommodation. She manages to care for herself although she performs her chores slowly and requires a great deal of rest. Her disease is a progressive one, and the strength in her arms is becoming weaker as time goes on.

This tenant is in a specially designed unit. For her condition, the knob-type taps were not convenient, neither is the type to balcony door in her unit (the latter is too difficult for her to open). In her case, the modifications and special design would neither add to nor subtract from her disability.



TENANT PROFILE 3:

Location:	Outside Metro Toronto
Sex:	Male
Age:	51 years
Marital Status:	Married
Source of Income:	Disability Pension

This 51 year old tenant suffers from Parkinson's Disease. The tenant's wife is younger and in good health. They are on a disability pension, which includes the Canada Pension Plan (C.P.P.), bringing their total income to about \$400.00 a month. Their rent is \$75.00 plus \$2.50 for cable television. They have lived in the O.H.C. apartment for about four months, participating in all the activities. The wife helps residents in the building as she is considerably younger than most of the other residents.

Regarding the specially designed unit, the wife found the facilities satisfactory and had no complaints. This apartment is different from others insofar as there is a sliding partition between the living-room and the bedroom, and this gives the apartment an air of spaciousness.

TENANT PROFILE 4:

Location:	Outside Metro Toronto
Sex:	Female
Age:	Early 40's
Marital Status:	Single
Source of Income:	Disability Pension

This tenant is a polio victim who uses a cane, a walker and a wheelchair on occasion. She is on a fixed income, and has lived in an O.H.C. apartment for about six months. She likes it very much. She had not started to participate in too many activities as yet mainly because of her short tenancy.

She stated she had no complaints about the apartment, and requires no modification to the unit. She lives in a specially designed unit.

TENANT PROFILE 5:

Location:	Outside Metro Toronto
Sex:	Female
Age:	60 years
Marital Status:	Married
Source of Income:	Disability Pension and Regular Pension

This tenant, who is afflicted with multiple sclerosis, is in a wheelchair and her husband is retired. She has had this condition since 1971 and it is getting progressively worse. The couple took tenancy in November 1976 and like their present dwelling.

The husband had two poles (2" pipes) installed adjacent to his wife's bed in order to help her get in and out of bed. For her purposes, the grab bars in the bathroom were not useful, and some other method was being sought whereby she could take a full bath rather than a sponge bath. The couple felt there should be sliding doors in the hallway, that the turn-around space was too limited for negotiating a wheelchair, and that the door to the bathroom should swing in rather than out.

Other occupants of specially designed units across the province were seen to have a whole range of handicaps. A few examples are offered below in illustration:

TENANT 1: Hardening of the arteries is the handicap afflicting this tenant who had leg braces and requires a wheelchair for mobility.

TENANT 2: Suffers from arthritis and needs assistance with all physical needs.

TENANT 3: Suffers from degenerative Osteoarthritis. She uses crutches and a wheelchair. She is 37 years old.

TENANT 4: Suffers from severe arthritis and uses a cane, crutches and occasionally a wheelchair.

TENANT 5: Has leg braces and uses a cane.

All the handicapped tenants interviewed who required support services reported that these were available to them through various sources in the community such as the Victorian Order of Nurses, Public Health Nurses, Visiting Homemakers etc. All the handicapped tenants interviewed were handicapped prior to obtaining O.H.C. housing.

SPECIALLY DESIGNED UNITS: PRIVATE SECTOR

Cambridge Place - 30 Denton Avenue, Scarborough, Ontario.  
Private Management - Meridan Corporation.

The above project which was still in the final stages of completion consists of 573 units - bachelor, monette, one bedroom, two bedroom, and some three bedroom units on the penthouse floor. Families with children can rent in this building but only up to the tenth floor. On the ground floor are 13 apartments which have been designed specifically for persons in wheelchairs. The 13 units are one bedroom, two bedroom, and one bedroom with a den. The outstanding features of these units are:

- lowered cupboards in the kitchen,
- electrical outlets raised three feet from the floor,
- lowered thermostats so that wheelchair persons can use and see them,
- bathroom mirrors on levers so that persons in wheelchairs can do their own adjusting,
- each apartment opens with a private accessible exterior patio area,
- underground garage ramped with full accessibility,

A small special recreation room has been allocated to those tenants in wheelchairs although the handicapped tenants are encouraged to use all the other communal facilities in the building.



Cambridge Place (30 Denton Avenue) has been built under the Accelerated Rental Housing Program (ARHP) which allows O.H.C. 25% of the units under the Rent Supplement Program (including units for the handicapped). The criteria for eligibility for the specially designed units in this building are that the handicapped person must:

- (a) require and use a wheelchair;
- (b) require no special support services;

To date (June 1977) only six of these specially designed units have been rented through the Rent Supplement Program.

#### FLEXIBILITY OF O.H.C. POLICY

In the course of this study, it became apparent that there exists wide scope for flexibility in O.H.C. policy. There were situations where two non-related adults were housed together, cases where single employed handicapped adults were housed and several other situations which would normally amount to a contravention of O.H.C. policy. Most situations were successfully considered on an individual basis without necessitating a major review of policy.

Example 1:

A woman who has been an O.H.C. tenant for four years is a foster mother, through the Children's Aid Society, of four retarded children aged 10, 8, 6 and 18 months. Two of the four children suffer from "Downs Syndrome" and all four are in diapers. The oldest foster child, a girl, has suffered from many physical ailments and has had a colostomy. She uses a walker for mobility. All four children have severe mobility problems.

UNIT DESIGN:

Size: 3 bedrooms

Type: Townhouse

DESCRIPTION:

The main (and only) entrance is on the ground floor. A flight of stairs with a landing and a turn leads to the rest of the house which is built over the garage. The kitchen, living room, dining and laundry rooms are on the second level with the 3 bedrooms and bathroom. This tenant applied for a transfer. She is regarded as a good tenant by the property manager, with an excellent housekeeping record, no rent arrears and no social problems.

If strict policy were to be adhered to, this tenant would be ineligible for a transfer. That she assumed the responsibility of fostering the handicapped children would not be in contravention of O.H.C. policy. What constitutes a violation is the fact that she now is requiring a transfer - possibly a larger unit, as a result of the fostering arrangement. The flexibility of policy is borne out by the fact that the property manager gave his full support for this transfer.

Example 2:

Mr. Smith and Mr. Jones

Mr. Smith is in receipt of Old Age Pension. He is sixty-five years old and in a wheelchair. He contracted polio in his late twenties and became paralyzed from the neck down. He now has some use of his hands and arms. He previously lived in a broken down house (shack) next to the O.H.C. project with his mother who died some years ago, and since then, has lived alone in this broken down, dilapidated and improperly heated shack. Three workers, including Homemakers, Victorian Order of Nurses (VON) and a disability worker visited him there. Subsequently, he "sold" his house to the Housing Authority and moved into the O.H.C. project. The Housing Authority approved his moving in with another man, Mr. Jones, who assists

Mr. Smith in daily living. It was learned later that Mr. Smith did not hold full title to the land and house since his mother died without a will. Several nieces and nephews wanted a share in the property and the complete transaction was consequently held up. This house and property was "purchased" by the Housing Authority in order to allow more parking space.

The Authority displayed a phenomenal amount of flexibility and humaneness in dealing with this case. Mr. Smith, expecting to be paid for the sale of his house and property, bought furniture valued at \$3,000.00 on credit. Since the money was not forthcoming, Mr. Smith was finally ordered to either pay or return the furniture. The Housing Authority went to the company and convinced them to allow Mr. Smith to pay only the accruing interest with a minimal amount of the balance each month.

Mr. Jones is in receipt of D.V.A. (Veterans' Allowance). He is fifty five years of age. Mr. Smith supervises and Mr. Jones cooks and cleans.

Mr. Smith said he has never been happier. Both men said they were able to go to the recreation room at any time and enjoyed conversations with other tenants.

No major modification has been made to the unit since Mr. Jones does the cooking and the housekeeping. The door was removed from the bathroom and replaced by curtains to permit access to Mr. Smith in his wheelchair.

A V.O.N. visits Mr. Smith once a week. Other workers are no longer required. In the long run, there is a cost saving factor in the reduction of support services which are now being provided by Mr. Jones.

This is an example of a situation where the individual needs have been assessed on a one to one basis. Again there was no evidence of hardship caused to other tenants or to O.H.C. through having the two non-related adults sharing accommodation.



METROPOLITAN TORONTO SURVEY

The Metropolitan Toronto survey covered approximately 87,000 tenants. Although the data from Metro Toronto does not provide sufficient accuracy to allow the presentation of a more precise count of the handicapped population, it does provide the opportunity to examine the general trends. Statistics on the O.H.C. waiting list as of March 31, 1977 indicate that a total of 9,353 persons in Metro Toronto were awaiting allocation of housing accommodation.

TABLE 6

<u>METRO TORONTO WAITING LIST (MARCH 31, 1977)</u>	
Families:	7,460
Senior Citizens	1,893
TOTAL	<u>9,353</u> =====

Of the 9,353 applicants on the Metro Toronto waiting list, the percentage of physically handicapped applicants was negligible (See Table 7), demonstrating that the need is not exigent.

TABLE 7

O.H.C. WAITING LIST (METRO TORONTO)

Total Applications:	9,353
Total Applications from handicapped persons	17

As of March 31, 1977, only 0.18% of all the applicants were handicapped. (This percentage does not necessarily reflect the need/demand for housing by the handicapped as O.H.C. processes applications from handicapped persons without delay). The figure 17 was arrived at through the Home Visitor's reports as well as health information supplied at the time of application. However, one should then look at the waiting list in relation to the handicapped tenants who are currently housed by O.H.C. in the Metro Toronto area in order to acquire a more representative picture.

TABLE 8

MARCH 31, 1977

Total Population: (All Metro Projects)	86,113
Total H.C. Population:	1,730

This study shows that only about 2% of the O.H.C. tenants in Metropolitan Toronto are handicapped. Of the total handicapped population (1,730), 772, (or 44.62%) are over the age of 60.

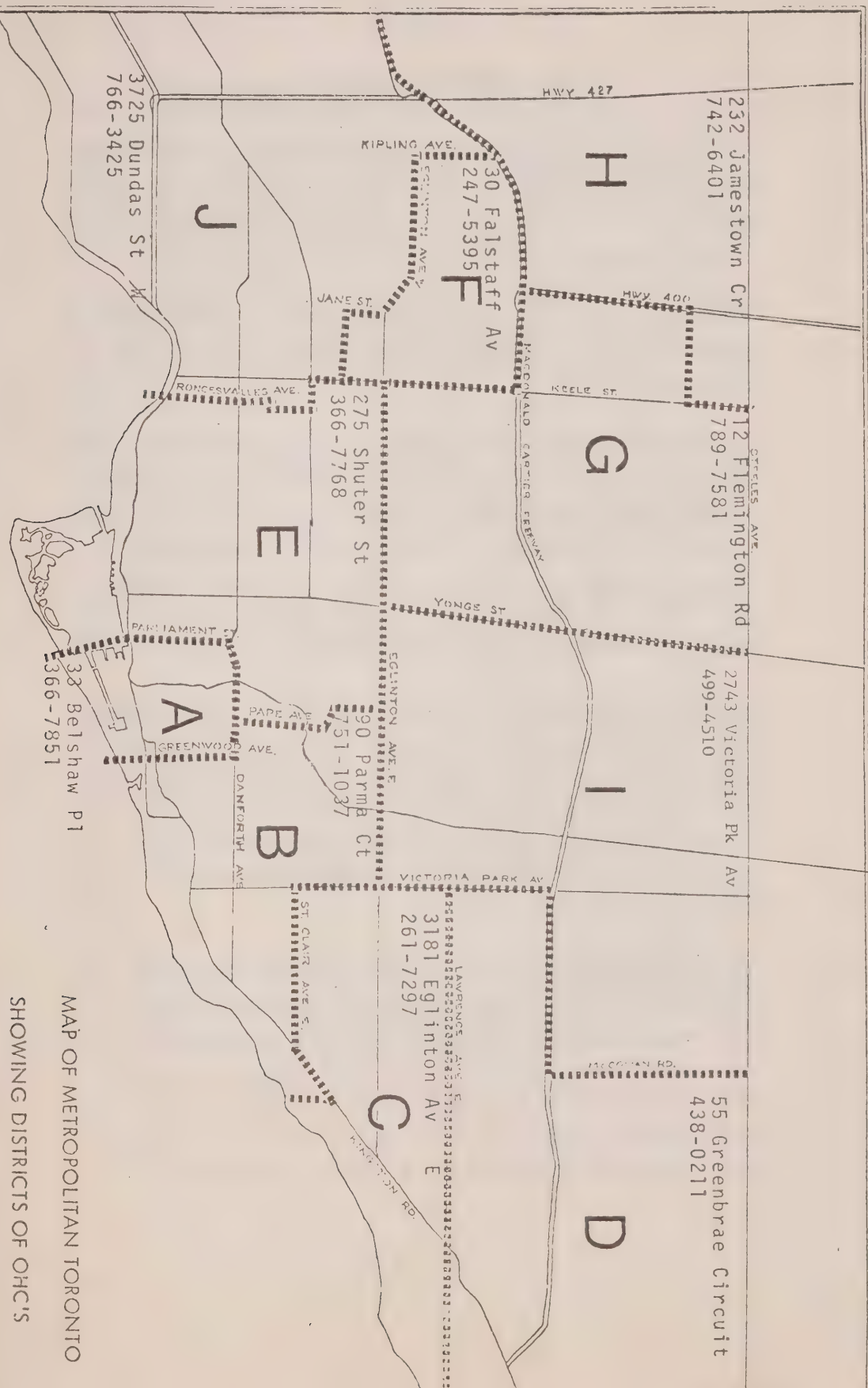
As with the provincial survey, the statistics show that the need/demand for housing by the handicapped population may have been grossly exaggerated.

TABLE 9

<u>MARCH 31, 1977</u>	
Total O.H.C. Pop. sampled:	176,864
Total O.H.C. H.C. Pop:	4,668
Percentage of O.H.C. H.C. to total O.H.C. Pop:	2.63%

TABLE 10

Total # on waiting list (Metro and Province)	36,557
Total # of H.C. on waiting list (Metro and Province)	165
Percentage of H.C. applicants to non-handicapped	0.45%



MAP OF METROPOLITAN TORONTO  
SHOWING DISTRICTS OF OHC'S  
RENTAL HOUSING MANAGEMENT

METRO TORONTO DISTRICT F.

A high rise apartment building managed by O.H.C. was selected for study in Metro's District F. With the assistance of the Community Relations Worker, (Miss Cynthia Turner), door-to-door visits were carried out in order that more accurate data be obtained. The primary objective was to determine specific modifications as they relate to the type of handicap.

The building selected, OH-98, is located in the westend of Metro Toronto near a major intersection (Weston Road and Lawrence Avenue west). With 326 units and a population of 582 (half of whom are senior citizens), OH-98 is close to a model project. Well kept, it does not suffer the hazards of vandalism because of the low ratio of children.

The building houses 13 physically handicapped wheelchair bound tenants among other types of handicaps. They range from double amputees, victims of multiple sclerosis and rheumatoid arthritis, to victims of stroke. All the physically handicapped tenants were interviewed in their own apartments and modifications were verified.

All the apartment doorways are wide enough for a wheelchair and all the tenants interviewed felt they were adequately housed with the exception of one tenant who stated a front-dial stove would be more convenient. Only one of the 13 physically handicapped tenants (a multiple sclerosis victim) was inadequately housed in a junior one bedroom



which did not afford him sufficient turn-around space in the hall. He could not get his wheelchair into either the bedroom or bathroom. However, he readily turned down a transfer to a larger one-bedroom unit which was suggested during the visit.

MODIFICATIONS: Only one apartment had been modified. The tenant, an engineer by profession (multiple sclerosis victim) had installed grab bars and electrical extensions at his own cost. He had also "modified" his bathroom to the extent that he installed a flexible hose shower as well as a bath bench, again, at his own expense. The bench facilitated transfer in and out of the bath tub.

All the other units were regular O.H.C. units and the tenants required no modifications.

Support care was generally available to the tenants with the exception of one 74 year old female tenant (wheelchair bound) who reported she had not had a bath in five years. Her housekeeping was below the acceptable standard. However, this tenant had dismissed all the help which had been provided for her.

The rent paid by the handicapped tenants ranged from \$52.00 for a junior one bedroom apartment to \$113.00 for a couple in a two bedroom apartment.



VIEWS FROM SOCIAL AGENCIES

It was found, at times, that some of the information gained from some agencies did not directly relate to the Ontario Housing Corporation's study on the needs of the physically handicapped. While the material presented was informative and added to the inventory of overall knowledge on housing and the needs of "special groups", no definite input could be gained which was related directly to this study.

Examples would include a study of other services to the handicapped such as the George Brown Fashion Show for Handicapped, the Humber College Course designed to educate persons who would subsequently be involved in serving the needs of handicapped persons, Centennial College's integrated approach to the provision of education courses, George Brown's Reorientation Program for ex-psychiatric patients and the Corbrook Workshop for handicapped persons.

While concerns and recommendations presented specifically relate to needs for accommodation, one cannot deal solely with accommodation to the exclusion of other needs of the "whole person". The provision of a place to live, a primary need, must be extricably linked to secondary needs such as the need for recreation, appropriate social services, transportation, health services, and the ability to maintain social contacts.

The following section outlines some of the issues and concerns expressed by the social agencies as well as the remedial policy changes which they saw as necessary.

1. Visiting Homemakers' Association:

The following recommendations were put forward by the above agency:

- showers instead of bathtubs should be installed in the new units for the physically handicapped;
- where carpeting is supplied by O.H.C., ozite carpeting, particularly for persons in wheelchairs, should be installed;
- installation of emergency assistance alarms in the units of handicapped tenants should be considered by Ontario Housing Corporation;
- all future building designs for townhouses should incorporate an accessible entrance in order that handicapped tenants and/or their handicapped children could be adequately accommodated.

2. Tenant Recommendations:

It was recommended by some handicapped tenants that a list of units which have been adapted be maintained by property management staff, with an outline of the modifications. Metro Toronto Tenant Placement was to receive an up-to-date list from Districts on those units which have been modified, along with an outline of those

modifications. A similar list could be maintained by persons in Management and Tenant Placement in the province. This was seen as facilitating appropriate allocation of accommodation to the physically handicapped.

Handicapped persons in wheelchairs, it was suggested, should not be housed in apartments above the first few floors. With some persons who are in wheelchairs, there is a great fear of fire, and the thought of negotiating down many flights of stairs may create tremendous anxiety.

3. Canadian Paraplegic Association (CPA):

The CPA stated their recommendation that for handicapped persons, there should be a waiving of the one-year residency clause and also that rent for employed handicapped persons should not be based upon gross annual income because of their additional living expenses. It was suggested that ramps be automatically provided for those tenants in wheelchairs. In buildings which house handicapped tenants, ramps of the approved incline should be provided where necessary.

Where the height of the van driven by a quadriplegic impedes parking in the underground garage, it was suggested that a special parking space be allocated to the tenant on the above ground lot.



The CPA also made the recommendation that two handicapped non-related adults be allowed to reside in a two-bedroom unit in order to provide social, physical or psycho-social assistance to one another. It was strongly felt that there should be some financial incentive plan through Ontario Housing Corporation or through a combination of Ministries, (Ministry of Health, Ministry of Community and Social Services and Ministry of Housing) to encourage and assist handicapped tenants who wish to become employed. The present set-up appeared to the CPA to provide financial disincentives to this group.

The CPA felt that O.H.C.'s Tenant Placement department in Metro Toronto should have flexible guidelines to be used when dealing with persons from Lyndhurst Hospital or their families. It is often necessary for the injured male persons to stay in Lyndhurst Hospital for a considerable length of time during which, weekend visits home are encouraged as part of the re-orientation process.

4. Canadian National Institute for the Blind (CNIB): Where persons with sight related disabilities are housed, the CNIB felt that there should be bright coloured tape outlining the edges of stairs.

There should be:

- notched railings;
- large, thick, coloured signs;
- carpets that cannot be tripped over;
- corridors free from obstructions;
- no plants placed in the pattern of traffic;
- embossed apartment door numbers.

Where there are plate glass doors or mirrors, or full length windows, it was suggested that there be an adhesive strip placed across the glass or a mobile pasted on the glass and that glass doors should be outlined with coloured strips. The CNIB also suggested that there be regular-size steps in order that steps may be learned and remembered well by the poorly-sighted or blind. Signs should be placed at eye level if possible.

5. Metropolitan Toronto Association for the Mentally Retarded:

The above agency recommended that Ontario Housing Corporation should broaden its mandate to include the housing of two or three non-related adults so that those retarded persons who are able to learn to cope with living in a two-bedroom apartment with another retarded adult could be accommodated within Ontario Housing Corporation's Rent Supplement Program. In the Accelerated Rental Housing Program, it was suggested that one two-bedroom unit per floor of some buildings be set aside for two mentally retarded adults. The setting aside of one floor of a building for mentally retarded adults was seen to prevent the normalization process.

6. Cerebral Palsy Adult Association (CPAA):

As recommended by other agencies, the CPAA supported the change of O.H.C. policy to include the housing of two non-related adults. Some form of personal support assistance such as a person to help with bathing, housekeeping, meals, or shopping, was seen to be ideal for those persons who are neither completely independent nor completely dependent.

7. March of Dimes, (C.P.A., Tenant):

The present O.H.C. policy does not allow for the housing of single employed persons under the age of sixty. The March of Dimes recommended that this be revised in order that, by policy, single employed handicapped persons may be accommodated.

8. Community Resource Consultants (CRC):

The CRC recommended that more halfway houses be established to accommodate such persons as those with psychiatric problems, ex-convicts, recovering alcoholics or drug addicts. Maximum or minimum support services may be required depending on the criteria established for admittance. More rent-geared-to-income accommodation should be made available for young and middle-aged single adults requiring transitional accommodation according to the CRC who felt that the basic mandate of the Ontario Housing Corporation should be revised so that the ever-increasing single population might be accommodated. That there should be a much greater inter-ministerial and inter-agency dialogue in order to diminish fragmentation of service delivery to handicapped persons was emphasised.

### GENERAL TRENDS

There appears to be a general trend to relocate those who are not completely dependent but requiring total care, from large institutions of care to alternative types of accommodation within the community.

Both economic and social factors seem to be involved in this trend. Alternative types of accommodation may include facilities such as smaller residential care services, foster homes, group homes, boarding houses, halfway houses, hostels and apartment living.

However, there has not been a concomitant increase in community services or facilities to meet the needs of individuals discharged from the institutions or nursing homes, one of the reasons being the difficulty in having zoning by-laws changed to allow establishment of group homes or halfway houses.

Another trend to note is that handicapped persons, who formerly would live with parents or relatives, are requiring accommodation which allows for more independence. For example: Retarded Persons - Pilot Study (Ministry of Community and Social Services and Metro Toronto Association for the Mentally Retarded). In this program in which two or three retarded adults are housed in 2 or 3 bedroom apartments, 50% of the retarded population so accommodated must be from the local community while 50% are from large institutions.

The Demonstration Projects funded jointly by the Ministry of Housing and the Ministry of Community and Social Services show the seriousness with which the trend is being recognized.

In the field of education, there have been some innovative programming:

Humber College - North Campus has offered the first course of its kind in Ontario teaching a three-year course for those persons who will be working in a service capacity specifically with the handicapped population.

George Brown College - has had a showing of high fashion for the handicapped in their Fashion Design Centre. This type of program alerts and sensitizes manufacturers, students and audience to the physically handicapped sector of the apparel market.

A course entitled "Rehabilitation Through Education" at George Brown College works with ex-psychiatric patients who have not yet been able to fit into the normal stream of studies or the market place. This course provides one of the many community based resources required if the present trend of shorter-term hospitalization is to continue.

The Industrial Orientation program at George Brown College offers yet another resource required for those persons who are "vocationnally confused" or who have been out of the labour market for a period of time.



In other areas such as transportation, and recreation, awareness of the needs of the handicapped is steadily growing. Some large chain stores have begun to respond by installing special turnstiles for those in wheelchairs.

AGENCIES INTERVIEWED

Canadian Paraplegic Association

Canadian National Institute for the Blind

Metropolitan Toronto Association for the Mentally Retarded

Multiple Sclerosis Society of Canada

Community Resource Consultants

Cerebral Palsy Adult Association of Toronto

George Brown College of Applied Arts and Technology  
- Community Services Division;  
- Rehabilitation Through Education Course;

George Brown College of Applied Arts and Technology  
- High Fashion for the Handicapped;

Centennial College - Ashtonbee Campus

Humber College  
- North Campus;  
- Workshop Rehabilitation Program;

March of Dimes

Community Information Centre

Corbrook Sheltered Workshop

Visiting Homemakers Association

VIEWS FROM GOVERNMENT-RELATED AGENCIES

This study encountered contrasting expectations of O.H.C. housing accommodation - some agencies appeared unrealistic in wanting housing units provided with every possible adaptation regardless of need and cost. By contrast, O.H.C. physically handicapped tenants interviewed continually expressed their general satisfaction with their units whether the accommodation had been modified to their specific need, or they were allocated a wheelchair unit. The predominant feeling was that having their independence was of great significance especially any physically handicapped tenant who had experienced a period of institutionalization.

The Borough of Etobicoke endorsed, in principle, the recommendations of the Federation for the Physically Handicapped as presented in their Brief to the Human Rights Review Committee. Among the recommendations is one regarding the accessibility of all public buildings for those in wheelchairs. However, it was further stated that a lack of interest and/or misunderstanding on the part of the architects and builders was felt to be the reason that necessary modifications were frequently ignored. The Municipal Planning Act and the Public Health Act are mandatory but modifications for the wheelchair handicapped are discretionary. The Co-ordinator for the Handicapped, Department of Public Health in Etobicoke, advocated that all buildings should have the basic requirements - i.e. wide halls and doorways, ramps, accessible washroom facilities, etc. - with further modifications made as required. It was felt that such basics should be included in the Building Code and enforced.

North York's Department of Public Health (D.P.H.) stated that Borough has no ramp by-law and therefore, not all public and private buildings are accessible by wheelchair. However, the Borough will meet the costs, when requested, on a one-to-one basis. The Assistant Director of D.P.H. North York, voiced a strong request for O.H.C. to provide family housing to meet the needs of those in wheelchairs, i.e. houses with a main floor bedroom and bathroom large enough to accommodate the chair. A concern was expressed by the D.P.H. nurse that young people should not be institutionalized with the elderly although appropriate alternative accommodation was extremely limited.

Under the Vocational Rehabilitation Act, the Rehabilitation Branch of the Ministry of Community and Social Services may provide assistance to individuals in various situations where the ultimate goal is to obtain, or continue with employment. Under this Act, "physically handicapped" is defined as a person whose disability is causing a difficulty in continuing with employment or interfering with the job. Assistance is given by providing monies for home modification to meet the needs of the individual - again with the purpose of enabling the recipient to be employed. Modifications can be made to rented units but are more commonly made to owned homes. The costs are usually modest - in the \$600.00 to \$1,200.00 range.

An increased number of requests are being received from handicapped young adults for modification to be made to their parents' home. The Rehabilitation Branch will also give assistance for necessary modifications in an office or place of employment with special equipment purchased and car-hand controls supplied

to the handicapped person. Those requesting this assistance are referred to the Rehabilitation Branch by a wide variety of agencies and professionals.

The cost of modification to a private home is estimated to be \$600.00 on average. It costs approximately \$500.00 to widen a doorway and \$50.00 to install a grab-bar. One can get an idea of comparative costs (per person) of care services in alternative accommodation.

*(a) Cheshire Homes -	Oshawa	\$13.85/day
	McLeod	\$14.00/day
	Belleville	\$16.00/day
	Clarendon	\$30.00/day
(b) Institution -		\$45.00/day
(c) Bloorview Children's Hospital per year		\$30,000.00

It should be noted, that under the Charitable Institutions Act, the Rehabilitation Branch can provide assistance to organizations and institutions.

Funding is given to half-way houses for alcoholics, ex-offenders, post psychiatric patients, short-term rehabilitative residents, Salvation Army, Harbour Light and group homes (short and long term) for the physically handicapped. The Rehabilitation Institute in Ottawa and Clarendon Housing in Toronto

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\* Information on comparative costs was provided by the Ontario Advisory Council on the Physically Handicapped.

(A.L.P.H.A. in Windsor) were funded jointly by the Ministries of Housing and Community and Social Services - the former providing the capital funds and Community and Social Services the support services.

The Rehabilitation Branch Director, Ministry of Community and Social Services, defined the handicapped as:

- those who are incapable of living independently;
- those who can be trained to live independently;
- those who can be trained to achieve employment;
- those who cannot be gainfully employed through mental or physical disability.

The Ministry of Health Consultant recommended that all buildings should have basic facilities for the handicapped. A senior staff consultant at the Ministry (Health) and a Rehabilitation Consultant, Toronto Department of Public Health expressed preference for a mix of age groups and income levels in housing where on-site shopping and service facilities have been provided (i.e. Main Square, Toronto and Main/Hess, Hamilton). The Rehabilitation Consultant stated that she is philosophically opposed to a system where "this is for the elderly, this is for the physically handicapped" and especially "this is for the poor". It was felt that the ideal model afforded accommodation to persons of different socio-economic backgrounds, age groups, different types of handicaps and different degrees of handicaps.

While this study is focusing on housing, accommodation alone does not constitute housing in the total sense. The right to select location of accommodation is generally determined by the availability and



accessibility of transportation services. This rationale was used in the Brief on Housing and Supportive Services for the Physically Handicapped by the Ontario Federation for the Physically Handicapped.

The Ministry of Transportation and Communications uses a figure of approximately 71,000 physically handicapped in Ontario who cannot use public transportation - and roughly 28,000 of them live in Metro Toronto. A Study entitled Urban Transportation for the Disabled by Peat Marwick and Partners (1975) found that the physically handicapped on the average travel about half as frequently as the general population. They tend to have a much higher use of taxis and much lower use of public transit. As the physically handicapped housed with O.H.C. are assessed as being able to function relatively independently of live-in support care services, and are in receipt of some form of social assistance (GAINS - Disabled, D.V.A. war allowances etc.), the additional expense of taxis on a regular basis would be prohibitive.

Metro Toronto initiated a major change in service on February 7, 1977 going from a narrow service concept using nine vehicles for all trip purposes for twelve hours per day. Initial ridership was slightly over 200 trips per day but is expected to stabilize at over 300. No evening or weekend service is provided.

Ottawa recently made a service change permitting all trip purposes instead of only work, medical and post-secondary education effective February 14, 1977.

Up to ten or eleven vehicles are being used to serve over 300 trips per day. Again, no weekend or evening service is provided.

Peterborough has seen the need for a second vehicle during the peak hours and has been renting this vehicle at an hourly rate. It is expected a second vehicle may be donated to the City in the next few months to be put into peak hour service on a regular basis. Approximately 25 trips per weekday are provided, 20 on Saturdays, evening service is also provided.

Chatham has recently set up a committee to investigate the promotion of transit, and will be reviewing the transportation of the disabled with a view to increasing ridership. Five trips are carried each weekday and three on Saturday; no evening service is provided.

On January 24, 1977, Sault Ste. Marie started operating their service under the Transportation Commission and is currently in a marketing program. Ridership increases as well as increased registration are expected; current levels are at 30 trips per day.

HUMAN RIGHTS FOR THE HANDICAPPED

Co-ordinators from the Community Relations Branch met with representatives of the Ontario Human Rights Code Review Committee to determine the legal rights of the handicapped. It was explained that the present Code has been in existence since 1962 when the Fair Employment Practices Act of 1951 and the Fair Housing Accommodation Act of 1952 were combined and revised.

It was pointed out that protective legislation regarding the handicapped exists only in the United States, Prince Edward Island and Nova Scotia and then only in relation to employment.

The purpose of the Human Rights Code is to ensure the rights of all residents of Ontario regardless of race, colour, creed, sex, marital status, ancestry, nationality, place of origin, age (40 - 65) in employment, housing, related advertizing and access to services and facilities available to the public.

Over the past months, the Human Rights Review Committee held public meetings across the province and invited briefs from organizations, agencies and individuals. The purpose was the revision of the Ontario Human Rights Code to reflect current concerns. Copies of briefs which contained proposals on behalf of the handicapped were made available and have been studied in detail. A summary of the recommendations follows:

1. "Handicap means a physical disability, infirmity, malformation or disfigurement, no matter how incurred, and includes epilepsy and seizure disorders, but is not limited to any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, any degree of restricted mobility or physical reliance on other person(s), on seeing-eye dog, on a wheelchair or other remedial appliance or device".
2. Physically handicapped and physically disabled are defined as a "human being who, through disease, illness, congenital condition or traumatic experience is impaired in one or more areas of living. This functional impairment causes unusual and undue dependency on one or more human beings and/or mechanical devices or other medically prescribed products".

The prime recommendation of all the briefs was the inclusion of the word "handicapped" in the Code itself.

By far, the greatest concern was in the area of employment where many cases of discrimination were cited. Related to this was the expressed need for:

- (a) transportation, either of a special type (wheelchair vans) and/or the adaptation of existing vehicles, depending on the nature of the handicap.
- (b) equal opportunities for education.
- (c) access to all public buildings, places of entertainment and recreation facilities.

- (d) alternative types of housing - modified or specially designed with no discrimination on the part of the landlord.
- (e) guaranteed annual income for economic security.
- (f) availability of insurance, now usually denied.

It is of interest to note that housing was low on the list of priorities, equal opportunities in employment and transporation being of prime importance.

The Department of Manpower and Immigration, by means of purchase of service, are providing academic upgrading programs, allowing participants to begin at their own level, establishing learning goals, and developing a program which encourages achievement of their objectives - including vocational guidance which enables participants to realistically explore education, training and work opportunities. These programs prepare participants for entry into their chosen next step toward achievement of career goals.

While the Special Program Counsellor stated there were no special programs for the physically handicapped or disabled, their lack of skills or special needs may require a work adjustment training course, and possibly the Basic Job Readiness Evaluation would be employed:

- (1) working knowledge of English;
- (2) no active psychosis;
- (3) physical ability to participate;
- (4) commitment from client.

An extension of Manpower and Immigration, providing employment-related service to a specific target group in the Hamilton area (the unemployed physically handicapped) is P.A.T.H., Placing Assessed Trained Handicapped. PATH was launched on January 3, 1973 with initial financing under L.I.P., employing six staff with physical disabilities. A six-month extension was granted to the original L.I.P. grant and in December, 1973, a federal outreach grant was received.

This service is dedicated to helping physically disabled people realize their full social and career potential by assisting them to find gainful employment. PATH's counsellors give each client an indepth interview, guidance on special needs, and advice on employment prospects. A representative of PATH described many of their clients as ready to get to work but just in need of PATH's help in finding the right job. Other clients are offered support services or opportunities for skilled training, and personal contact with a client is maintained as long as it is needed. PATH is unique inasmuch as the service could tap many other community services and is able to offer long-term help if required.

The Therapeutic Consultant for the Ministry of Culture and Recreation recommended that the physically handicapped be provided with the facilities which would enable them to utilize their capabilities to the utmost. This would include appropriate accommodation, accessible transportation to assist the physically handicapped to meet their different needs, access to all public buildings, places of entertainment and recreational facilities.



He explained that his Ministry (Culture and Recreation) is very concerned about the need for recreation for the disabled and, because of this, a provincial workshop was held in May 1976 to set up an organization which would be effective throughout the province. Two committees developed as a direct result of the Conference - the Provincial Organizations Committee made up of representatives from organizations involved in recreation for the handicapped; and the Provincial Reference Group on Recreation for the Disabled, consisting of representatives from the Provincial Organizations Committee, one from the Committee, one from the Ontario Recreation Society and two ex-officio members from the Ministry of Culture and Recreation.

As the Provincial Reference Group directly relates to local programs, there is every likelihood that a physically handicapped person's recreational needs can be met in his/her own area.

Under the new Wintario criteria, transportation for the physically handicapped might be covered where the costs relate to employed persons involved in a particular project.

Funding is 50%, with the balance required to come from non-government sources, and is for a one-year period only. The cost of special needs, such as a ramp for a swimming pool, might be covered on the same basis.

North York Club - Social Club in Northview Secondary School is operated by Parks and Recreation assisted by volunteers. Membership is \$5.00 per month. March of Dimes provides transportation. Each member is responsible for providing a program and the membership has the use of the pool.

A Local Initiatives Program (L.I.P.) grant supports the Physically Handicapped Independent Advancement Community Services Incorporated (P.H.I.A.C.S. Inc).<sup>\*</sup>

A Stroke Recovery Program operates at Sunnyview School where 18 wheelchair persons meet for social evenings and to hear speakers. Transportation is provided.

In discussing swimming pools, the Co-ordinator, Department of Community and Health, Etobicoke, stated that negotiations are underway concerning building a therapeutic pool for the handicapped in Etobicoke. The funding is to be shared in three ways - among the municipality, Ministry of Health and the Ministry of Culture and Recreation. In his view, such a pool would be a mistake.

Therapeutic pools are too small and designed in such a way that they cannot be used for general purposes and prove to be greatly under utilized. The Bloorview Children's Hospital pool is a case in point. This emphasized the philosophy that the handicapped do not want to be capsulated and separated from other people.

Mr Jim Hunsberger, the Executive Director, A.L.P.H.A., London, Ontario, described his philosophy concerning the handicapped. He stated that the physically disabled are not, and should not be considered a minority group, but merely a part of a community. Rather than talk about "accessibility", talk about "safety and convenience for all". All people have a need for space. If units were designed differently they could be suitable for families, senior citizens and the handicapped alike.

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\* P.H.I.A.C.S. Inc., 1507 Lawrence Avenue West, Toronto.

Larger bathrooms, wider walls, lever type handles, grab bars etc. would be appreciated by all. Ramps are a convenience for the elderly and young mothers pushing baby carriages or strollers.

The Mt. Pleasant/Chestnut Street project (London, Ontario) which was nearing completion was assessed. The Executive Director of ALPHA had been involved with the Housing Authority and O.H.C. in a needs survey to determine the number of wheelchair units which should be incorporated in the plans. The survey indicated that 3% of the units should be so designed. Despite the publicity, no applications were coming forth and it is believed that the persons who previously indicated need were looking for short-term accommodation and in the interim period had become satisfactorily housed. It was suggested that should wheelchair applicants not be found, the units could be rented to senior citizens on the proviso that the tenant be transferred should need arise.

The theory that there are five different categories of handicapped individuals was put forward by Mr. Hunsberger:

1. Rebellious - perhaps 5% who express their feelings through their demands - such as for housing and pensions, often these people are leaders.
2. Bitter withdrawn and apathetic.
3. Ritualistic - have given in, live a life of ease, unmotivated - perhaps - 40 - 60%.
4. Conformist - uninformed - a floater in the community.
5. Overprotective - play the "sick" role - agency jumpers, - manipulators.

Consultants at the Ministry and Borough levels of Health were interviewed and concerns regarding housing the physically handicapped and providing basic requirements to meet their needs, were recorded with a listing of actual unit designs being provided.

The Senior Consultant, Ministry of Health, voiced concern over a "one-of-a-kind" ghetto where all the physically handicapped are lumped together, advocating that a mix of age groups is always preferable. On-site shopping and service facilities were seen as ideal. However, the Co-ordinator, Community Health Etobicoke, felt that while all buildings should have the basic requirements, (i.e. wide halls and doorways, ramps, with further modifications made as required) such basics should be included in the Building Code and enforced. There should not be too much built-in assistance for physically handicapped persons who want to do as much as possible for themselves and use their capabilities to the utmost. Offering all kinds of alternative accommodation to enable the physically handicapped to meet their different needs and to maintain their independence was seen as the ideal.

The Department of Public Health, North York, has a variety of "crash programs" backed up by their 97 nurses but time does not permit the public health nurse to give on-going care to the chronically-physically handicapped within their home situation. Visiting home-makers could be made available only for a maximum of 4½ days a week, the cost being on a sliding scale with a maximum of \$19.00 for four hours' assistance.

The Senior Consultant, Ministry of Health, felt that the young physically handicapped should be housed with senior citizens and this was tested during tenant visits with the physically handicapped residents.

Such responses as "they can't do enough for me", "I can never get down to the garbage chute before someone has taken it from me", "I might resent this in my peers but not the senior citizens", "they really make a point to include us" were often echoed.

In conclusion, it is important to outline some general trends which prevailed in discussions with government-related agencies. While concerns for transportation were generally being acted upon by local governments and voluntary agencies, the areas of recreational programming, the provision of accommodation and the availability of support services were seen as the responsibility of the provincial government. The proposed revised Ontario Human Rights Code would prohibit discrimination in employment, housing, services and facilities as well as in related advertizing on the grounds of a physical disability. These amendements to the Code would give legal rights to handicapped persons although the problems in enforcing this legislation would be enormous. In the area of housing, the proposed legislation does not outline the real problems of inaccessible housing, neither does it identify responsibility for making the housing accommodation adaptable. It simply forbids discrimination on the grounds of a physical disability. However, it is significant that the government of Ontario has taken this initiative. Impetus will no doubt be added to the real issues and concerns which dominate the lives of many physically handicapped persons in Ontario.

LIST OF GOVERNMENT AGENCIES INTERVIEWED FOR THE  
ONTARIO HOUSING CORPORATION'S STUDY ON HOUSING  
FOR HANDICAPPED PERSONS IN ONTARIO

<u>MINISTRY</u>	<u>PERSONS INTERVIEWED</u>	<u>DATE</u>
Min. Of Housing, Community Dev. Div., Community Housing Branch	Mr. T. Garland	Jan 18
O.H.C., Chief Architect's Branch	Mr. W. Gibson	Jan 24
O.H.C. Operations Br.	Mr. H.E. Stimpson	Jan 24
O.H.C. Corporate Secretariat	Mr. E. Whaley	Feb 8
Metro Social Services Department	Mrs. B. Morin	Feb 17
Min. of C.&S.S., Vocational & Rehabi- litation Branch	Mr. P. Crichton	Feb 18
Min of Labour Ontario Human Rights Commision	Mr. J. Fulton	Mar 24
North York Department of Public Health	Miss L. Duckin	Mar 29
Min. of Culture & Recreation Therapeutic Consultant	Mr. B. Adair	Mar 30
Etobicoke Community Health	Mr. L. Pringle	Apr 1
Min. of Health	Miss Ann Winters	Apr 7
Secretariat for Social Dev. Physically Handi- capped Advisory council	Mr. G. Clarke	Apr 19
Min. of Transportation and Communications	Mr. D. Callen	Apr 21



## PILOT PROJECTS

The Ministry of Housing, through the rent-geared-to-income program, entered into agreements making possible the establishment of four Demonstration Pilot Projects. However, the fourth project designed for Thunder Bay had not received C.M.H.C. approval at the time this report was compiled.

In examining the concept of community living for the physically handicapped, two operational projects (Clarendon Foundation in Toronto and Rehabilitation Institute of Ottawa) will provide some perspective. The Windsor project had received C.M.H.C. approval and plans were underway to put the project to tender. As it was not operational, only the background information will be provided as part of this study. The component on the Thunder Bay project will, at best point out some of the difficulties that have resulted in the delay in approval.

### 1. DEMONSTRATION HOUSING PROJECT - TORONTO CLARENDON FOUNDATION

The Clarendon Foundation in Toronto is one of four projects in Ontario operated as a joint venture between the Ministry of Housing and the Ministry of Community and Social Services under the Rent Supplement Program.

#### BACKGROUND:

A Rent Supplement Agreement was signed on July 29, 1975 between the Ministry of Housing (O.H.C.) and Clarendon

Foundation. This pilot project located at 21 Vaughan Road in Toronto, to which the Ministry of Housing has made a three-year commitment, is an experiment in everyday apartment living for young severely handicapped adults who are either employed or registered in an education institution and requiring support care services. All the tenants are therefore in need of extensive support care services such as meal preparation, bowel and bladder care, personal hygiene as well as general housekeeping services.

#### THE AGREEMENT:

In order to accommodate the on-going costs generated by the provision of 24-hour support care services, the Ministry of Community and Social Services approved funding for a three year period with Clarendon Foundation entering into a ten year lease with the landlord of the 23 storey apartment building where this project is located. Clarendon Foundation leased the entire second floor which was then architecturally designed by Cluff and Cluff Architects to house severely handicapped persons. In order to further reduce the project costs, O.H.C., (Ministry of Housing) entered into a one year agreement with Clarendon to subsidize shelter costs, (i.e. heat, light, janitorial services, taxes and armortization). The tenants are all on one year leases.

#### LIVING ARRANGEMENTS:

Clarendon Foundation has the capacity to house 13 adults who must share the accommodation with the exception of one tenant in a bachelor suite.

A separate elevator to the second floor was installed, so was a ramp from ground floor to the second floor.

All the tenants pay rent on a geared-to-income basis and meet O.H.C.'s selection criteria in so far as financial status and potential for employment. The rent is set at \$43.00 per month.

#### DESCRIPTION OF FACILITIES

##### Kitchen:

All units on the second floor have a fully equipped kitchen. The tenants complained that the stoves were not front-dial stoves and this presented difficulty for those tenants whose dexterity was impeded. Although the refrigerators are smaller than the regular apartment size, the tenants stated they are not totally accessible for reaching into. One tenant felt that it would be very helpful to have a refrigerator with pullout shelves. Although the kitchen cupboards and counters are lower, there is no knee-space under the sink, thus the wheelchair bound tenants had trouble reaching the taps. They also felt that the top cupboards were inaccessible.

##### Living Rooms and Bedrooms:

The units are designed with plain wooden floors. There are no carpets either in the living room, bedroom, elevators or common areas. All the units are fully furnished.

All the apartments have regular windows which means that one can only see out if one were in an upright position. The tenants pointed this out as a drawback, stating that all they look at are bare walls. It was pointed out that the closets should have adjustable racks because the tenants often cannot reach in. Beds are equipped with overhead grab bars.

Bathroom:

The bathrooms are designed with grab bars around the tub, toilet, and sink. There is a ledge on the tub to allow transfer from the wheelchair. Instead of the overhead shower, all the units are designed with the flexible hose shower and bathroom taps are equipped with temperature gauges to avoid scalding. The bathrooms provide adequate turnaround space for wheelchairs.

CARE COMPONENT:

Support Services:

The Clarendon Foundation provides all the support services necessary. The meals are served in a common dining room and all housekeeping and laundry services are provided. For the quadriplegics, personal care is also included in the package and this would include bathing, as well as bowel and bladder care. Some of the tenants require assistance getting in and out of bed. All rooms are equipped with an emergency alarm as well as a telephone outfitted with a special speaker. The tenants are responsible for their own telephone expenses. All the units come with basic furnishings. As stated earlier, the Ministry of Community and Social Services is responsible for the care-components leaving the Ministry of Housing with the responsibility of paying the rent.

Tenants' views (Pilot Project - Toronto)

The tenants discussed freely their views on the type of accommodation in which they are. Many saw great advantages to living on the second floor. They liked the fact that there are no carpets in the halls, in the elevator, as well as in the apartments. Many felt that they would have had to cope with rugs and carpeting in the halls and elevators on any other floor. (Wheelchair mobility is difficult on certain types of broadloom)

There is a fair amount of visiting among the handicapped tenants on the second floor. Some advantages were seen in the delivery of support services.

However, many of the tenants felt that there were also some great disadvantages to living on the second floor. They disliked being segregated and some did not like sharing with total strangers. The sharing was presenting a problem in that the current tenants did not have any input in the selection of future room-mates. There was no assessment done of personalities, likes and dislikes in the matching up process. Instead, the prospective tenants were selected on the basis of the criteria as set out (that is, the tenants must be students or must be employed, must require support care services, etc.). The tenants felt that being grouped on the second floor created the situation where Clarendon Foundation was seen as a "group home" as opposed to independent living. (Many of the other tenants in the building referred to it as "Clarendon House"). The tenants disliked the connotations of a group home. Subsequently, they felt that the entire environment was unnatural and institutional in some respects.

All the tenants, however, felt that their accommodation was many times better than being in an institution. A few of the tenants mentioned that they disliked the fact that Clarendon Foundation made the decisions and plans without tenant participation. All the tenants interviewed expressed their insecurity over the one-year leases as well as their apprehension over future funding for the experiment. All the tenants in this pilot project said that they could not do without the support services offered.

One opinion shared by all was the desire to be more integrated with the rest of the tenants in the building. The segregation on the second floor was seen as hindering the development of a "total environment".

ASSESSMENT OF THE CLARENDON FOUNDATION DEMONSTRATION  
PROJECT - TORONTO

The Clarendon Foundation is a special pilot project in many respects. With the entire second floor reserved for the severely handicapped, hinderance to interaction with the non-handicapped tenants in this high rise building is further augmented by the separate entrance and separate elevator. An unnatural environment is created and integration into the community is not achieved. Instead, a "mini-institution" is created.

The sharing of accommodation with total strangers presents another problem. When individual personality differences and preferences are not taken into account, potential problem areas arise. Clarendon has been fortunate in that room mates have tended to be compatible. The support care component is essential as most of the severely handicapped tenants require care of a personal nature.

In assessing Clarendon, one must keep in mind the type of clientele catered to. The selection criteria is restrictive (i.e. one must be either a student or employed). The age range of the tenants is between 18 and just over 30, and all the tenants are single males and females. Families are therefore excluded from this experiment. The criteria being what they are, the true benefits of this pilot project are



difficult to assess as the handicapped population housed is not truly representative. The fact that the project has not been in existence long enough also presents the problem of a premature assessment.

However, all tenants interviewed stressed that their current living situation was far better than life in a nursing home or an institution.

2. DEMONSTRATION HOUSING PROJECT - OTTAWA  
THE REHABILITATION INSTITUTE OF OTTAWA

BACKGROUND:

A proposal "Integrated Community Housing for the Physically Disabled" was submitted to the Ontario Ministry of Community and Social Services, December 1976, (by the Rehabilitation Institute of Ottawa.)

The Rehabilitation Institute of Ottawa - was incorporated by the Province of Ontario in 1958. The objectives included:

1. to promote the health and welfare of disabled individuals;
2. to advance the education, re-education, employment and social well being of all disabled persons.

The proposal submitted in December 1975 addressed itself to "Integrated Community Housing for the Physically Disabled" because the Institute felt that the original objectives had to be expanded to include the "housing" component in a setting other than an

institution or one's own home. The program was designed to benefit physically handicapped adults (18 and over) requiring daily non-medical attendant services such as general housekeeping, personal as well as bowel and bladder care. Because the aim of the project is to integrate the handicapped into the community, only 10% of the units in the building are occupied by handicapped tenants. The units were to be selected on a random basis. The building selected should be accessible, require few renovations and be feasible for the rent supplement program. Proximity to transportation and shopping facilities was of extreme importance.

Shelter Component:

The Ontario Housing Corporation (Ministry of Housing) agreed to contract for ten units under the Rent Supplement Program in a privately-owned building chosen by the Rehabilitation Institute Housing Committee. The Rehabilitation Institute established an admissions criteria committee which included an O.H.C. representative, and a Ministry of Community and Social Services representative. Rent would be based on gross income taking into account additional continuing expenses necessitated by disability.

Care Component:

As previously stated, the provision of daily personal care to tenants with medium to maximum disabilities (though not bedridden and able to function in a non-institutional environment) was the focus of this housing proposal. The Rehabilitation Institute requested that the Ministry of Community and Social Services provide funds for the provision of this

care component. A staff of men and women would be required on a 24-hour basis (although they need not live in the building).

Staffing:

A co-ordinator responsible for the efficient allocation of staff according to the needs of the tenants was hired by the Rehabilitation Institute who in turn was responsible for:

- 1) an on-going assessment of tenant needs;
- 2) liaison with agency providing the care component;
- 3) encouragement of tenants to seek outside recreation but also to make use of facilities available in the building. A small office was supplied for the Co-ordinator and the staff in the building - at a minimal cost.

The Rehabilitation Institute sees its role as sponsor and developer of the integrated housing project in Ottawa. The Institute will continue to be involved in the legal aspect of management by accepting and taking responsibility for funds from the Ministry of Community and Social Services, as well as working with the Ontario Housing Corporation regarding the rent supplement for tenants.

The admission criteria were accepted through agreement between the Rehabilitation Institute and Ontario Housing Corporation, Rehabilitation Institute and Ministry of Community and Social Services, and Rehabilitation Institute and the individual tenant.

The Rehabilitation Institute is responsible for administration of the program. Ontario Housing Corporation entered into a Rent Supplement agreement with Emerald Towers (285 Loretta Avenue), managed by Montreal Trust, for the appropriate number of apartments as agreed to by the Rehabilitation Institute in May, 1976.

The Physical Setting:

The building 285 Loretta Avenue was selected because few renovations were required to the individual units. The front entrance to the building is flat and the doorway 36" wide. The rear entrance required only the insertion of a glass window in the door to enable the handicapped tenants to see what was approaching on the other side of the door. This eliminated the risk of accidents. The units have been renovated to suit the needs of the occupants. Stores are in close proximity - and the staff takes the tenants shopping and banking.

Clientele:

The residents currently housed range in age from 20 to 25 (male and female; single, mother-led families, etc.). All are in receipt of benefits although some work part-time.

The criteria for eligibility are:

- 18 years of age and over;
- must meet residency requirements of the Ottawa Housing Authority;
- ability to pay assessed rental amount;

- must need one or more of the services contained in the "Care Package" but not in need of care services beyond those available;
- the capacity to function independently (with Care Package) in an integrated community environment;
- must possess necessary intellectual and emotional capacity to cope;
- adequate communication skills.

First move-in began August, 1976. The majority of residents have either been born or have lived most of their lives in Ottawa. If the disability is congenital, for example, cerebral palsy, they would have lived at home most of the time. However, if the disability is fairly recent due to an accident, stroke or other physical breakdown, they would have spent their time in Ottawa hospitals, Lyndhurst hospital in Toronto and in nursing homes.

ASSESSMENT OF THE REHABILITATION INSTITUTE DEMONSTRATION  
PROJECT OTTAWA

The demonstration project vis-a-vis housing described above contains the following principles:

1. The prime motivator was the Rehabilitation Institute of Ottawa.

2. The Rehabilitation Institute recognized that their target client could best be served through a joint venture of several ministries with built-in support care services.
3. The Rehabilitation Institute is the co-ordinator for this pilot project.

Clients - Point of View.

The interviews conducted indicated that the residents enjoyed and appreciated their own private quarters because they could express in furnishings, pictures, etc., their own personality, hopes, desires and ambition. This was not feasible in an institution. They can have visitors of the opposite sex any time and enjoy the privacy of each other's company. There appeared to be hope and goals to achieve; for example, one resident was taking a night course at the University and was classified as a mature student. Their ties with their families were not broken, regular visits were made and everyone appeared happy during the interviews. One could sense a feeling of independence which this kind of living afforded especially with the young residents who have been confined to wheelchairs in the last few years due to car, driving or motorcycle accidents.



3. DEMONSTRATION PROJECT - WINDSOR  
(NOT OPERATIONAL AT TIME OF STUDY)

BACKGROUND:

In 1971 the Cerebral Palsy Association expressed concern over the lack of accommodation for young adults afflicted with this disease. They approached the Social Planning Council of Windsor and requested a survey be conducted to determine the need in this area. A committee was set up for this purpose and Mr. Jack Longman was appointed Chairman. Their investigation revealed that there were approximately 40 young adults who were potential candidates for a special residential situation and who are currently housed in Huron Lodge, a home for senior citizens, various nursing homes or chronic care hospitals. The need had been clearly established. (This original report was followed by a second one in 1975). The committee then approached the Ministry of Community and Social Services for financial assistance and were informed by them that it was advisable to incorporate before negotiations began. In 1972 ALPHA was incorporated - Apartment Living for the Physically Handicapped Association. It is to be noted that at this time the Cerebral Palsy representatives on the committee appeared to lose interest and became uninvolved.

ALPHA:

ALPHA has approximately 50 members of which half are handicapped and half are not. Membership criterion is merely that a person be interested in appropriately housing the handicapped. There is a 12-man board of directors appointed for a three-year term, 1/3 being elected each year.

MINISTRY OF COMMUNITY AND SOCIAL SERVICES:

ALPHA then returned to negotiate with the Ministry of Community and Social Services, Rehabilitation Branch. Upon examining the two Acts administered by this Branch, it was determined that the ALPHA request for funds did not fit into either one - i.e. it was not a charitable agency nor was it an institution for the retarded. However, interest in the proposed project was very strong and after much time and innumerable meetings, a new proposal for legislation for the funding of four different pilot projects for housing the handicapped was written, one of which was the Windsor Residence - which was accepted by the provincial and federal governments. The legislation involves funding from C.M.H.C., the Ministry of Community and Social Services, the Ministry of Housing and the Municipality.

NEGOTIATIONS:

C.M.H.C. was totally supportive from the very beginning and made it clear that they were eager to provide their share (for figures in detail, see appendix).

The Ministry of Community and Social Services readily agreed to pay 100% support care costs as well as 8% of capital and operating costs, the amount determined to be the building costs and rental of their on-site office and nursing staff space.

The City of Windsor readily committed its 7½% share. The then Community Sponsored Housing Branch insisted that an existing building be purchased and renovated.

ALPHA insisted that a suitable site and building were not available and that a new residence must be built. With the support of the other partners, ALPHA's position prevailed.

The original drawings were for a building of 2,500 square feet. Community Sponsored Housing stated that 1,700 square feet were sufficient. Eventually a compromise was made of 1,850 square feet.

The original estimate was a cost of \$42.00 per square foot. Community Sponsored Housing stated that \$28.00 per square foot was sufficient as that was the cost of Senior Citizens' buildings. However, it was pointed out that the additional space and facilities necessary to build wheelchair units must be considered and eventually a figure of \$34.00 per square foot was agreed to.

A further concession the Ministry of Housing made was to make an exception of this building in that they were prepared to supplement the rent in 100% of the units rather than the usual 25%.

#### THE BUILDING:

The building is to be built on 1½ acres of land which is part of a larger parcel of land owned by Wimpey Developments Ltd., in the northeast part of the city. It was chosen by a democratic process. Fifteen wheelchair applicants were picked up in a van and driven to five possible sites accompanied by their architect who pointed out to the passengers the advantages and disadvantages of each site.

Each person had a ballot with the number 1 to 5 on it and they graded each location in order of choice. The highest number by far indicated the property, which was purchased.

The building is a one storey building with wings on either side of a central core area (Architect's drawings). There are to be 9 one-bedroom units, 2 two-bedroom and 2 six-bedroom "pods" which are built around a common living - dining room.

The residence very much resembled an over-sized ranch bungalow. The adjoining property is to be developed into private and subsidized housing which follows the principle of ALPHA that handicapped persons integrate into the community. A community centre is nearby, shopping and churches not very far away. Although the site may be considered somewhat remote, it was stated that "a block is the same as a mile to most handicapped people" and a van and its operational costs have been written into the budget. There will be no live-in support staff but there will be a staff, working shifts, on the premises at all times.

#### PRELIMINARY FUNDING:

It was stressed that an incredible amount of volunteer time has been given over the past six years. Lawyers, accountants, politicians, an architect and others have given generously of their time and expertise. However, the time arrived when full-time help was needed and with the assistance of the Windsor representative of the March of Dimes, a proposal was presented to the Local Initiatives Program and funds were granted for

a six-month period and later extended for a second six-months. This funding was to terminate at the end of June and application had been made for a Canada Works grant. With the money, an office was rented and a staff of two hired. In addition, seed money was made available from C.M.H.C. \$5,000 was spent on the 1975 needs survey prepared by the Social Planning Council referred to previously, and the remaining \$5,000 toward the purchase of the land.

ADMISSIONS:

An Admissions Committee was established composed of ALPHA members and the L.I.P. staff. Forty applications were received for the 23 units. Criteria were determined (see appendix). Selections were made and each unit was allotted. The Committee kept strictly to the original plan of housing 1/3 severely handicapped (to live in the "pod" setting), 1/3 moderately handicapped and 1/3 in between. The eligible age group is 18 to 60 years with the proviso that a resident must move to other accommodation should their condition worsen and more intense care become necessary.

ANTICIPATED TARGETS:

It was expected that the tender call would go out on the 1st of June, 1977 with a deadline of two weeks for submission. The contract was to be signed by the end of June and building was to commence early in July with completion scheduled before the end of 1977.

ADMINISTRATION:

The Board of Directors of ALPHA will be the Board of the Residence.

The Advisory Committee composed of six handicapped ALPHA members and which had met weekly with the architect and devised the criteria for admission, would continue to act in an advisory capacity.

4. DEMONSTRATION PROJECT - THUNDER BAY

BACKGROUND:

The Thunder Bay Housing Action Group Incorporated (HAGI) was incorporated on March 27, 1975 with a board membership of four individuals. The total membership of HAGI is not known nor is the criteria for membership.

At the time this report was written, the proposal for the Thunder Bay Pilot Project had not received approval from C.M.H.C. The reason given for rejection was that the estimated construction costs of \$42.00 per square foot were in excess of the maximum supportable construction cost established by C.M.H.C. - \$31.90 per square foot. The following options were available to the Housing Action Group Incorporated:

- (a) Scrap the project entirely.
- (b) Take the risk of having work drawings completed and going to tender.
- (c) Raising the additional equity required.



THE CLIENT GROUP:

The client group to be served by the project comprised 24 handicapped persons. There were to be three levels of handicapped persons:

- (a) A third of the handicapped population would require maximum care. This would include quadriplegics, or persons seriously inflicted with cerebral palsy as well as others who have little or no muscle control.
- (b) A third of the population would require moderate care. This would include handicapped persons who are able to live semi-independently.
- (c) A third of the handicapped persons would require a minimal amount of care. These persons would be considered quite independent with the exception possibly of such services as shopping and some housekeeping.

In looking at the proposed clientele, two groups not seen as fitting into the pilot projects included those who require extensive care and medical supervision (who would normally be looked after in chronic care hospitals and homes for the aged) as well as those handicapped people who are completely independent requiring only wheelchair accessible units. The target group was that large group of disabled persons capable of governing their own lives with various degrees of support and assistance from the community.

As with the other pilot projects already described, the Thunder Bay project was designed to foster the opportunity to develop personal responsibility, independence, self determination and self support.

The philosophy stresses independent living, involvement in the community and with other residents in the housing project.

THE PHYSICAL STRUCTURE:

- (a) There are to be 24 specially designed units including 20 patio units and four 2-bedroom family units.
- (b) The multiple purpose areas include common areas, staff area, sauna, exercise area and kitchenette.
- (c) Free laundry facilities are available.

LOCATION:

The project is to be located off Laidlaw Drive in Thunder Bay.

COST:

Breakeven monthly rent for each patio unit is \$262.00. For each 2-bedroom unit, the breakeven monthly rent is estimated to be \$350.00.

RENTAL PAYMENTS:

The Ministry of Housing agreed to supplement the rent up to 100% of the project due to the expectation that most persons would be in receipt of disability pensions or G.A.I.N.S. - Disabled.

THE ADMISSION CRITERIA:

The Application for Tenancy in this Pilot Project is attached (see appendix). Problems were noted in the admission criteria with the municipal residency required (Criteria IV) and the probationary period (Landlord-Tenant Act).

MINISTRY OF COMMUNITY AND SOCIAL SERVICES COMMITMENT

- (a) The Ministry of Community and Social Services indicated their willingness to pay a per diem cost of 0.88 cents per day to cover the cost of staff space.

(b) Care Package Funding:

The last complete budget prepared was on February 24, 1976 with the expected per diem cost of \$12.74. However, a request was made more recently for a revised support services budget. It was suggested by the Ministry of Community and Social Services that when the go ahead was obtained for the physical facility, a formal agreement between the Ministry of Community and Social Services and H.A.G.I. would be proposed and submitted to the Ministry of Community and Social Services for approval.

NEED/DEMAND SURVEY:

Complete statistics were not available in terms of community need. H.A.G.I.'s research project (not available) apparently indicated that the people in need of more suitable accommodation were the young and the middle aged. Out of a sample of 131 interviews 76 (58%) were in need and likely to move to more suitable accommodation. (No data was available on this study).

The Municipal Council of Thunder Bay agreed in principle with the proposed project in June 1975, and in June 1975, the City Council approved the execution of an agreement to absorb 7½% of the rental cost and the lease of the required property.

CONCERNS FROM GROUPS REPRESENTING THE HANDICAPPED

Eight major housing related recommendations were made by both the Ontario Advisory Council on the Physically Handicapped and the Ontario Federation for the Physically Handicapped and presented to the Ministry of Housing.

This section contains only an analysis of the concerns expressed and not recommendations to O.H.C. or the Ministry of Housing.

1. 10% of new buildings built or financed by C.M.H.C./O.H.C. should be reserved for the handicapped while all new buildings should have 100% accessibility.
  - (a) Based on the findings of this study with regard to the need/demand for housing (particularly in view of the waiting lists), 10% of the new buildings would be far above any realistic expectation. The percentage of the handicapped applicants to non-handicapped in both the Metro Toronto and provincial surveys is 0.45% (See Table 10, Page 45).
  - (b) This study has shown that 22.38% of the specially designed units are currently occupied by non-handicapped persons and that a good number of the handicapped tenants housed in specially designed units could have functioned at an optimal capacity in a regular unit.

- (c) 100% accessibility is already covered under the Ontario Building Code which guarantees general access to all but extremely small apartment buildings, (i.e. apartment buildings with three floors or less where an elevator is not necessary, or those with less than 6,000 square feet in building area).

2. Central Mortgage and Housing Corporation and Ontario Housing Corporation, when providing preferential loans to developers and municipalities, should provide incentives to make some units in the private sector available to the physically handicapped by use of the minimum accessibility criteria. This could occur through the following programs:

- i) Integrated Community Housing  
(Ministry of Housing)
  - ii) Ontario Housing Action Program  
(Ministry of Housing)
  - iii) Accelerated Rental Housing Program  
(C.M.H.C. and O.H.C.)
  - iv) Home Ownership made Easy  
(Ministry of Housing)
- (a) As with the Recommendation 1, it would be difficult to predetermine numbers and location of specially designed units in advance of need.



Situations where private developers have designed units specifically for the handicapped have not shown much success in that considerable time elapsed before handicapped applicants could be found.

3. Low interest loans and/or grants should be made available through the creation of new programs and/or the expansion of existing programs, for modification of accommodations so that they all become accessible to the physically handicapped. This could be through the Ministry of Housing (Ontario Home Renewal Program) and the Ministry of Community and Social Services (Rehabilitation Branch).
  - (a) Under the Ontario Home Renewal Program (OHRP), where an eligible house is in need of repair and where the applicant meets the means test requirements, funds are made available for upgrading the property. The OHRP is operated directly through municipalities.
  - (b) "Modification" would have to be clearly outlined and defined. O.H.C. currently undertakes modifications on a custom basis although this is not an explicit O.H.C. policy.

(c) "Accommodation" should be more clearly defined to distinguish between residents with tenure and tenants. Situations where tenants receive rent supplements may prove to be problematic with regard to structural modification.

4. The Ontario Ministry of Housing should design a program to assist the physically handicapped person or his family to meet the costs of adapting a house to make it accessible.

Similar to Recommendation No 3, the problem of tenure and the meaning of "adaptation" would have to be clarified.

5. A Registry of handicapped applicants and accessible accommodation should be maintained by O.H.C. This Registry has been recommended by various representatives of the handicapped population. Arguments for and against have been presented. The following are some of the positions taken:

- (a) O.H.C. (through the Tenant Placement Office) and the Housing Authorities have successfully placed handicapped applicants in suitable accessible housing without the assistance of the Registry as suggested.
- (b) Under the current placement practices, the handicapped applicants have priority over non-handicapped applicants in the allocation of housing accommodation

provided they can live independently or are part of a family. The current selection criteria takes into account financial, housing and health factors so that a person who is handicapped (or a family with a handicapped member) would score higher points than a non-handicapped applicant.

However, there are examples of situations where such a registry has worked successfully. An example is the Boston Housing Authority.<sup>I</sup>

Legislation passed in 1971 (Massachusetts) stated that 5% of all state-aided housing built for senior citizens must be made available to the disabled regardless of their age.

In 1973, a type of registry, - The Handicapped Services Centre was established by the Boston Housing Authority. The Centre's function is to determine eligibility, medical records, and to interview as well as accept applications after which it makes a referral to the Tenant Selection Department before allocation is made.

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I - Information on the Boston Housing Authority is from Housing and Home Services for the Disabled, by Gini Laurie Harper and Row Publishers Inc. 1977.

Below is the list of the eligibility criteria employed by the Centre. (Please note point (c)).

THE HANDICAPPED SERVICES CENTRE<sup>I</sup>

Criteria for Eligibility:

- (a) The handicapped person or his family must benefit from the specific type of housing, supportive services or equipment available.
- (b) The applicant must meet the usual income limitations with extra exemptions for special needs related to degree of handicap.
- (c) The applicant must be able to function independently or have an attendant.
- (d) It must be certified by a physician that the physical or mental impairment is of continued duration and will improve or remain stable in suitable housing.
- (e) The applicant must qualify because of at least one of the following impairments:
  - use a wheelchair;
  - walker;
  - braces or crutches;
  - walk with difficulty because of arthritis, spasticity, or pulmonary or cardiac conditions;
  - be insecure because of impaired sight or hearing;
  - be so frail that he needs special housekeeping services or have addictions, frailties, developmental disabilities, or emotional disturbances which make it impossible to live independently in conventional housing.

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<sup>I</sup> - Housing and Home Services for the Disabled  
Gini Laurie, 1977

6. O.H.C./Housing Authorities should exempt the handicapped from the one-year residency requirement.

It was felt that this residency requirement imposes further hardships on the handicapped persons where a transfer may determine acquisition of gainful employment, or access to services and facilities. The recommendation that the one-year residency requirement be waived for the handicapped was presented by the Ontario Federation for the Physically Handicapped (OFHD) in their brief.

- (a) The one-year residency requirement is a municipal requirement. Local waiting lists would have to be considered and municipalities have given waivers in situations where adequate justification has warranted approval of the exception.
- (b) Any inconvenience suffered by the handicapped tenants/applicants is also experienced by other non-physically handicapped tenants/applicants. There are situations where the non-physically handicapped tenants may require a transfer for employment or health reasons (proximity to special health services, special schools, place of employment, etc.) and in such a case, the one year residency required must affect them negatively also.

7. O.H.C./Housing Authorities should house single non-related handicapped adults with an "attendant" in family units.

- (a) O.H.C./Housing Authorities have from time to time housed two non-related adults as illustrated in this study although no explicit policy exists in this regard.
- (b) Although it is conceded that this would eliminate the requirement for external support care services to some extent, cognizance must be taken of the fact that an exemption to a particular group may set a precedent which could create future allocation problems for O.H.C.
- (c) There are problems in getting a guarantee that the attendant will not renege on the arrangement.

However, this recommendation has already been realized in many of the U.S. Housing Authorities where handicapped tenants have been successfully housed with live-in "attendants".<sup>1</sup> The Omaha Housing Authority (Nebraska) is an example. In Alberta, for instance, a husband and wife (both of whom are handicapped) were housed with two live-in attendants.<sup>2</sup>

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1 - See Housing and Home Services for the Disabled,  
Gini Laurie (1977)

2 - Ibid



In the book Housing and Home Services for the Disabled: Guidelines and Experiences in Independent Living, (Harper and Row Inc. 1977), Gini Laurie outlines several situations which illustrate the advantages of this recommendation.

8. O.H.C./Housing Authorities should house single employed handicapped adults. The single employed handicapped person has on the average more expenses (i.e. special transportation, services etc.) than a non-handicapped person, or an unemployed handicapped person. In this regard, O.H.C. policy was seen as not providing the necessary incentive for more independent living.

(a) In practice, O.H.C. and the Housing Authorities have been flexible enough that single employed handicapped persons have been housed on a rent-geared-to-income basis. Unless the financial eligibility is based on the gross income (on the same terms as with all other O.H.C. applicants,) the argument becomes reduced to the age-old net versus gross income assessment.

Before laying out specific policy recommendations emerging from this study, some basic conclusions and philosophical premises will be outlined.

It is evident through demands being made by representatives of the handicapped population that existing housing programs are not adequate to meet the needs of handicapped persons. A continuum of housing alternatives ranging from small institutions of care to group homes, halfway houses, small residential treatment centres, foster homes, boarding homes and rooming homes are required along with self-contained accommodation as provided by O.H.C. A community based network of suitable resources is essential. These options do not, however, fall within the jurisdiction of the Ministry of Housing or the Ontario Housing Corporation.

It was evident during our research that structural designs for the specially designed units are geared to wheelchair-bound tenants. Accessibility therefore, was taken to mean full accessibility for wheelchairs (i.e. wider door-ways, ramps, location and height of cupboards etc.) with a special focus being placed on the bathroom.

What has been reinforced in this study is O.H.C.'s position that the "bricks and mortar" go hand in hand with the social responsibility implicit in the philosophy of public housing. The fact that the Corporation and Housing Authorities employ a network of Community Relations Workers bears evidence of

the credibility given to the social commitment. Housing accommodation is therefore the total physical and psychological environment and not just the physical structure.

Co-ordination of services appeared to be a major concern throughout the duration of the study. The co-ordinated delivery of government services and programs was seen as requiring immediate attention.

A major conclusion drawn from this study is that accessible housing without a continuum of support care services is inadequate. Support services are as important as structural housing accommodation.



### RECOMMENDATIONS

The recommendations ensuing from this study are separated into three categories:

- (A) General Policy Recommendations.
- (B) Internal Operational Policy Recommendations.
- (c) Recommendations relating to Demonstration (Pilot) Projects.

#### A. GENERAL POLICY RECOMMENDATIONS

- 1a. The Ministry of Housing, when conducting need/demand surveys in the province, should determine the demand for specially designed housing accommodation by physically handicapped persons.
- 1b. When new family housing is being built by the Ministry of Housing, consideration should be given to modifying the design in a minimum percentage of units for adaptability for the physically handicapped depending on demand for adaptable housing in that area. Such features as a main floor bathroom with wheelchair access and a main floor bedroom would facilitate subsequent modification in accommodating the physically handicapped.
- 2. An inventory of accessible units should be compiled and maintained by Metropolitan Toronto Tenant Placement and by Housing

Authorities. This inventory should include a complete list of all modified units.

- 3a. The Ontario Housing Corporation should amend its eligibility criteria to include single employed physically handicapped persons under the age of 60. Such persons may then be housed on the rent-geared-to-income basis using the normal point rating system.
- 3b. All applications for housing accommodation from physically handicapped persons under the age of 60 should be accepted by the Ontario Housing Corporation and Housing Authorities. This would include physically handicapped persons who are single or couples in which one or both are handicapped.
4. Single physically handicapped persons under the age of 60 or childless couples under 60 in which one or both are handicapped should be considered for housing in senior citizens' housing where senior citizens' accommodation is available and appropriate.
5. 2% of all new senior citizen housing built by the Ontario Housing Corporation or the Ministry of Housing should be designed specifically for the physically handicapped.



6. The Ontario Housing Corporation should on a pilot project basis, house physically handicapped adults with "an attendant". The handicapped tenant would arrange for his/her own attendant care, with a time frame of two years during which the pilot project would be closely monitored by the Operational Planning Branch of the Ontario Housing Corporation. One large city (other than Metropolitan Toronto) and one small centre would be selected and no more than three individuals should be housed in each selected location on this basis.
7. Rent calculations for the physically handicapped should continue on the rent-geared-to-income basis.
8. The Ontario Housing Corporation and the Ministry of Housing should not provide transitional housing accommodation such as halfway houses or group homes for the handicapped.
9. The Ministry of Housing, through the Ontario Home Renewal Program (OHRP) should remove the sub-grade restriction and expand its mandate to include adaptations and modifications requested on the grounds of a physical handicap by a resident with tenure (homeowner) where:
  - (a) the physically handicapped applicant's home is not classified as sub-grade;
  - (b) where the applicant has met the established eligibility criteria.

10. The Rehabilitation Branch of the Ministry of Community and Social Services should expand its mandate as it relates to modifications and adaptations to include non-employment related situations.
11. The co-ordination and delivery of government provided support services should be centralized into one body through the Ministry of Community and Social Services, which would work closely with and through local municipalities.

B. INTERNAL OPERATIONAL RECOMMENDATIONS

12. Municipalities and local Housing Authorities should:
  - (a) Assess on an individual basis all requests for inter-municipal transfers by physically handicapped tenants/applicants where the one-year residency requirement has not been met.
  - (b) The Ontario Housing Corporation and the Ministry of Housing should advise the Ontario Advisory Council on the Physically Handicapped and the Ontario Federation for the Physically Handicapped to address their concerns regarding a special exemption on the one-year residency requirement to the individual municipalities.

13. As part of the series of Community Relations Workshops, the Community Relations Section of the Operational Planning Branch should design and implement educational programs with the objective of sensitizing property management staff to the needs of the physically handicapped tenants.
14. The Recreation Unit in O.H.C.'s Operational Planning Branch should develop programs and provide responsive information for the recreational needs of the physically handicapped tenants. Furthermore, the Recreation Unit should:
  - (a) be represented on the Ontario Provincial Reference Group, Ministry of Culture and Recreation;
  - (b) have a continual exchange and provide feedback of information regarding the recreational needs of physically handicapped tenants;
  - (c) assist physically handicapped tenants' groups to obtain funds for recreational programs.

C. RECOMMENDATIONS: DEMONSTRATION PROJECTS

15. The Ministry of Housing should house severely handicapped persons requiring support care services only when arrangements for the support care have been satisfactorily completed with the Ministry of Community and Social Services or any other appropriate agency, and only at the request of the Ministry of Community and Social Services or any other appropriate agency. The Ministry of Housing should not initiate such a program.



CONCLUSION

The purpose of this study was to provide policy direction through an assessment of the present realities in the housing of physically handicapped persons. The Ministry of Housing and the Ontario Housing Corporation have the responsibility for the provision of housing accommodation. However, it is becoming apparent that the physical and structural design is in itself inadequate in the housing needs of the handicapped. Support Services are of equal importance when one looks at the range of handicaps and functional capabilities. (Functional capability is used here to mean the ability to perform functions of normal everyday living).

TABLE 11

?: functional capability

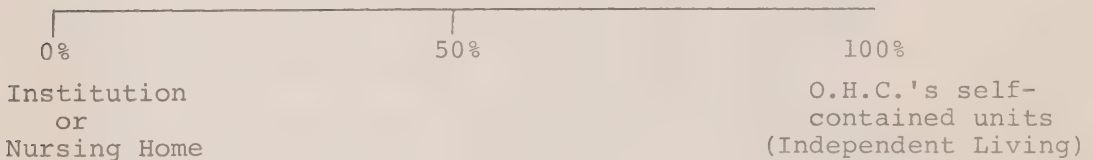
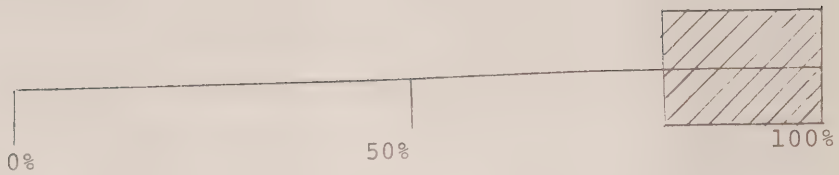


Table 11 illustrates that O.H.C. houses only those persons who are close to the 100% functional capability mark.

TABLE 12



% - Functional capability

 - Handicapped population housed by O.H.C.

The population with 0% to approximately 80% functional capacity requires a range of support care services. Since the general trend is the integration into the community and a move away from the often large, impersonal institutions and nursing homes, a range of housing alternatives must be provided. However, recognizing that housing alternatives alone are not the answer where many handicapped persons require ongoing support (and in some cases treatment), a concomitant increase in community based support care services is essential.

O.H.C. provides self-contained units designed for independent living, on a rent-geared-to-income basis.



Transitional housing is outside O.H.C.'s jurisdiction, therefore allocation practices will likely continue to focus on those handicapped persons with approximately 80% - 100% functional capability, unless the handicapped person (with less than about 80% functional capability):

- is part of a family;
- has a spouse with full functional ability;
- is able to arrange for adequate support care services through existing community resources.

The area of the "emotionally handicapped" has not been explored in this study. Problems of definition and interpretation of "emotionally handicapped" would have been too enormous for the scope of this study as massive medical documentation would have had to be procured. It is recognized that those persons with non-physical handicaps who require a continuum of housing alternatives and support services are the responsibility of a Ministry other than the Ministry of Housing. Persons falling into this category may include expsychiatric patients, persons with drug or alcohol related addictions and dependencies, the retarded, as well as those with social or emotional problems. The concern for housing alternatives for this group is also inextricably related to the network of community based support services. It is our belief that the provision of transitional accomodation for this group rests with the Ministries of Health, Community and Social Services and the Municipal Departments of

Social Services as O.H.C.'s present mandate calls for a high degree of functional independence.

Within the Ontario Housing Corporation, it was found that there existed wide variance in the interpretation of O.H.C. policy and this resulted in inconsistencies in the practical application of policy. Certain practices which have been applied over a long period of time were assumed to be "policy" by some property management staff. More effective communication within O.H.C. and with the Housing Authorities is essential.

Inconsistencies were evident also in the acceptance and non-acceptance of applications from the physically handicapped. Management discretion appeared to be the major variable determining whether or not a physically handicapped person under the age of 60 was housed particularly in the provincial portfolio. Clearly defined explicit policy in this regard will work to regularize the application of policies and procedures as well as clarify and distinguish policy from practices.

THE INTERNATIONAL SCENE

An examination of trends and policies in other countries shows that the move toward de-institutionalization of the handicapped is almost universal. Integration into the community is being achieved through the provision of housing alternatives. The latter vary from group homes, foster homes, co-operative housing, "planned villages", to self contained apartment living. Many of these housing alternatives are provided by non-governmental agencies and are generally initiated either by handicapped individuals or by organized groups working on behalf of the handicapped with the aid of some government funds.

Housing accommodation for the handicapped in other countries has generally been located in the senior citizen housing projects. In the United States, for instance, the Department of Housing and Urban Development (HUD) has traditionally provided specially designed units in the housing developments built for the elderly. Likewise, O.H.C.'s specially designed units are located in senior citizen housing.

The philosophical aspect of housing the young handicapped with senior citizens has not been explored in this study. Instead case studies, by way of tenant profiles, have been used to indicate the feelings of handicapped persons currently living with the elderly.

Outside Metropolitan Toronto, O.H.C.'s family units comprise two bedrooms and larger. They are in the form of townhouses and houses (semi-detached and detached) with the exception of a few large urban centres where high-rise apartment buildings are utilized. One bedroom apartments are thus located in the senior citizen housing projects. Nevertheless, one can assume that integration with seniors would be more satisfactory when the handicapped persons are middle-aged than when they are in their 20's. With the latter, generational conflict would be inevitable. The effects of the integration of young persons with seniors is admittedly a matter which warrants further study.

The private sector has generally lacked the necessary incentives to provide specially designed units where the market is limited and the clientele not guaranteed. Where these units have been provided, there has been great difficulty in finding handicapped applicants and tenants and consequently, a financial risk factor is introduced. (See page 36). According to Gini Laurie, an attempt to market specially designed condominiums in Florida (Seminole) (ranging in price from \$15,000 for a one bedroom and one bathroom to \$24,000 for a three bedroom, two bathroom apartment) received a scant response and the project fell flat on its face although the site was located near all the conveniences.<sup>I</sup> An attempt was then made to rent the units at \$160.00 per month. Having had no response, the project was unsuccessful.

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I - Housing and Home Services for the Disabled,  
Gini Laurie, 1977 P. 253.

In Mountain View, California a development company, according to Gini Laurie, tried unsuccessfully to build a 52 - unit complex only to abandon the plans "when only six replies were received in response to the ads and the news stories."<sup>I</sup>

In Metropolitan Toronto, The City's Non-Profit Housing Corporation built specially designed units 3/4 of which remained vacant for nearly eight months without receipt of applications from handicapped persons. Many of O.H.C.'s new specially designed units are either vacant or are occupied by persons other than those for whom the units were designed.

In looking at the reasons why the units are not readily attractive to the handicapped, a few factors require examination. The handicapped population argues that:

- (a) the method of advertizing the existence of these units is ineffective;
- (b) the units are available only to those handicapped persons able to live independently. They are not designed for those who require attendant care;
- (c) the concept of "specially designed units" located in a specific locale does not provide the choice and alternatives which exist for non-handicapped persons.

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I - Housing and Home Services for the Disabled  
Gini Laurie, 1-77 P. 253.

- (d) handicapped applicants move away between the design stage, the construction, and the rental stage;
- (e) the specially designed units do not appeal to the young handicapped because of their location in the senior citizen housing projects.

However, what is encouraging is that governments are now looking at the housing of handicapped with the view of establishing an explicit policy. The Department of Housing and Urban Development in the United States has recently created the Office of Independent Living for the Disabled (which functions within H.U.D.) under the direction of Mr. David Williamson. Furthermore, in the United States, "5% of all new Family Units built under Section 8 and traditional public housing programs are to be for the handicapped".<sup>I</sup> This study has hopefully, provided some guidance and direction in the formulation of the Ontario Housing Corporation's policy on the housing of handicapped persons in Ontario.

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I - NAHRO Letter, Volume XI No. 23, June 6, 1977



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CONSIDERATIONS IN HOUSING THE HANDICAPPED

Based on booklet entitled Access: Housing, done by Handicapped Housing Society of Alberta.

Space and dimension standards are set in C.M.H.C.'s "Housing the Handicapped" - Draft 5.

GENERAL REQUIREMENTS

- Wheelchair requires a 6' turning circle
- Doorways should have a clear opening of at least 2'8", a 2'6" x 5" manoeuvring area provided clear of the swing of the door. Also a clear 2'6" wall space on handle side of all out-swinging doors.
- Changes in level should be accomplished by ramps or elevators.
- Windows should be at level where person in wheelchair can see out; window sill - a max. 2'6" from floor.
- Environmental (lighting, heating & ventilation) & communication controls should be within reach max. 4' above floor.
- Emergency safety systems should be provided.
- Building should be sprinklered.
- Smoke and heat detector system.
- Emergency lighting system.
- Emergency alarm system connecting each unit to a central control (with outlets in each bathroom and bedroom no more than 2' above floor.)

PUBLIC CIRCULATION

- Exterior walks should be a minimum of 5' wide, changes in level should be provided by ramps (max. slope - 1:20)

- Garages and parking areas should be accessible to wheelchairs and parking stalls designated should be convenient to pedestrian circulation and should be 12' wide.
- Sheltered passenger drop-off should be provided at main entrance of any multiple housing project.
- 5' x 5' min. level sheltered area provided outside entrance door.
- Provide space for cleaning wheelchairs in vestibule.
- Entrance doors (sliding preferable) should be min. 3' wide.
- Stacked mail boxes, call boxes should be 2' to 4' from floor.
- Public corridors a min. of 5' wide.
- Elevator cars should be 5' x 7' and controls must be no more than 4' above floor.

#### LIVING UNITS

Each unit is to be self-contained with the design to permit the resident a high degree of flexibility in use so as to permit max. independence and choice of lifestyle. The bathroom and kitchen can be the two most problematic areas and the design and flexibility of these two facilities will greatly influence the residents' ability to cope with his environment.

#### Entrance:

#### Design Considerations:

- area for cleaning and storing wheelchair;
- area should conveniently relate to both living and kitchen;

- should be sufficiently large to receive and see off guests.

Dimension Requirements:

- 5 sq ft. for wheelchair (1'6" x 3'6");
- providing hanging space for outside clothes;
- 6' turning circle of wheelchairs;
- entrance door - min. 3'.

Living Space:

Design Considerations:

- living area has no special requirements except to permit easy movement of wheelchairs;
- provide view to outside (window 2'6" max. sill height);
- level access should be provided to outside or to balcony.

Dining Space:

Design Considerations:

- this area should be either an integral part of the kitchen or accessible to kitchen;
- clearance should be provided to permit a wheelchair to pass behind another wheelchair.

Dimension Requirements:

- allow 3' min. between walls & furniture for circulation;
- allow 2'6" x 4' for wheelchair at tables.

Kitchen:

Design Considerations:

- each unit should be provided with kitchen facilities to permit resident the opportunity to prepare meals or to have meals prepared;
- provide clear turning for wheelchairs in front of base cabinets, work surfaces, counter tops and appliances;
- all storage and utilities should be within easy reach of a person in a wheelchair;
- provide knee space under work stations and the sink (lever-type front faucets);
- provide pull out boards for holding mixing bowls, height of base cabinets (fixed height 2'9") to suit both wheelchair and semi-ambulant residents.

Dimension Requirements:

- allow 6' turning circle for wheelchair;
- knee spaces 2'2" high x 3' wide min.
- allow 6" deep x 8½" high toe space under base cabinets.

Sleeping Space:

Design Considerations:

- allow for free movement of wheelchair on one side of bed;
- provide direct & convenient access to bathroom;
- space is to provide normal bedroom functions, therefore, it will include bed, clothes storage and perhaps a desk;



- if part of living space, it should provide opportunity to close off from living space when desired;
- provide communication system to staff room.

Dimension Requirements:

- allow for 6' turning circle for wheelchairs on one side of bed and allow 3' for circulation on other side of bed;
- allow for a min. of 5' for access to clothes storage;

Bathroom:

Design Considerations:

- provide water closet, wash basin and tub or shower;
- allow for movement of wheelchair and for elderly assistance;
- provide grab bars to suit resident;
- provide lever-type front faucets;
- wash basin should be wall mounted;
- provide sliding or out swinging door;

Dimension Requirements:

- allow access area of 2'6" x 4'0" to bathtubs to permit parallel placement of a wheelchair;
- provide clearance of 3' on one side of water closet for lateral transfer and 3'6" in front of frontal transfer;
- wash basin should be mounted, at 2'9" from floor and provide 2'2" high x 3" wide knee space under basin;
- allow 3' x 4' for shower

MISCELLANEOUS

- All interior corridors are to be 3'6" wide minimum.
- Balconies or outside terraces should be accessible by wheelchair with a minimum of 6' in depth, balcony rails should permit outward and downward view. Consideration should be given to the orientation to wind protection of balconies and problem of vertigo.
- Provide a minimum of 200 cubic feet of storage space and provide 3' clear (min.) door to storage area (sliding, bifold or accordian doors are preferable).

QUESTIONNAIRE

Appendix 2(a)

HOUSING OPERATIONS, METROPOLITAN TORONTO

NAME OF PROJECT	
1. DATE: DISTRICT:	(DO NOT USE THIS COLUMN)
2. Age of Project:	
3. Type of Residence: Row House/Town House ..... High Rise Apt Building ..... Low Rise Apt Building ..... Semi Detached ..... Detached .....	
4. Number of Units in Project:	
5. Population Breakdown ..... Adults 60 and over ..... Adults under 60 ..... Children 0 - 12 years ..... Children 13 - 18 years ..... Children 19 and up ..... Total Population .....	
6. Population Breakdown - Handicapped Persons Physically Disabled (Do not include the Blind, Deaf, Mute or Retarded) Adults 60 and over ..... Adults under 60 ..... Children 0 - 12 years ..... Children 13 - 18 years ..... Children 19 and up ..... Total Population .....	

<u>Blind</u>	(DO NOT USE THIS COLUMN)
60 and Over .....	
Adults .....	
0 - 12 .....	
13 - 18 .....	
19 and up .....	
Total .....	
<u>Deaf and Mute</u>	
60 and over .....	
Adults .....	
0 - 12 .....	
13 - 18 .....	
19 and up .....	
Total .....	
<u>Retarded</u>	
60 and over .....	
Adults .....	
0 - 12 .....	
13 - 18 .....	
19 and up .....	
Total .....	
7. Support Services for Handicapped:	
Available (from local agencies or other) ...	
Not available .....	
8. Is the Project:	
An Inner city Project .....	
In a Suburb .....	
Isolated .....	

<p>9. Tenant's Association:</p> <p>Yes ..... (if yes when was it established?)</p> <p>No.....</p>	<p>(DO NOT USE THIS COLUMN)</p>
<p>10. Prevalent Problems (Please list)</p>	
<p>11. Major Achievements (of Project Tenants' Association or Committee).</p>	





## Appendix 2(b)

1. DATE: BRANCH: TOWN/CITY:	REGION:	(DO NOT USE THIS COLUMN)
2. Physical/Geographical location of Project: Describe  Age of Project:		
3. <u>Type of Residence:</u> Row House/Town House ..... High Rise Apt Building ..... Low Rise Apt Building ..... Semi Detached ..... Detached .....		
4. Number of Units in Project:		
5. Property Management O.H.C. .... Housing Authority ..... Other .....		
6. Population Breakdown: Seniors ..... Adults(Lease Holders) ..... 0 - 12 ..... 13 - 18 ..... 19 and up ..... Total Population .....		
7. <u>Population Breakdown - Handicapped Persons</u> <u>Physically Disabled</u> (Do not include the. Blind, Deaf, Mute, Retarded or others emotionally disabled)  Seniors ..... Adults ..... 0 - 12 ..... 13 - 18 ..... 19 and up ..... Total .....		

<u>Blind</u> Seniors ..... Adults ..... 0 - 12 ..... 13 - 18 ..... 19 and up ..... Total .....	(DO NOT USE THIS COLUMN)	
<u>Deaf &amp; Mute</u> Seniors ..... Adults ..... 0 - 12 ..... 13 - 18 ..... 19 and up ..... Total .....		
<u>Emotionally Disabled Persons</u> <u>Retarded</u> Seniors ..... Adults ..... 0 - 12 ..... 13 - 18 ..... 19 and up ..... Total .....		
<u>Other: Emotionally Disabled (Specify)</u> Seniors ..... Adults ..... 0 - 12 ..... 13 - 18 ..... 19 and up ..... Total .....		
8. Support Services for handicapped: Available (from Local Agencies or other) ... Not Available .....		

<p>9. On site Recreational Facilities (Please list)</p>	<p>(DO NOT USE THIS COLUMN)</p>
<p>10. Recreation Facilities in Vicinity (Please List)</p>	
<p>11. Is the Project:  An Inner city Project .....  In a Suburb .....  Isolated .....</p>	
<p>12. Community Facilities (e.g. Schools, churches or Community Centres)</p>	
<p>13. Tenants' Association:  Yes..... If yes when was it  established    No.....</p>	
<p>14. Prevalent Problems (Please enlist)</p>	
<p>15. Major Achievements (of Project or Tenants' Association)</p>	



THE HANDICAPPED ACTION GROUP INCORPORATED  
GROUP RESIDENCE  
ADMISSION CRITERIA

Admission will be open to young adults 18 years of age and over who suffer from severe physical disabilities but do not require continuing nursing care. The resident must be willing to help him or herself, be willing also to help his or her neighbour and have the capability of participating in and benefiting from the program and environment offered.

CRITERION 1:

Those persons accepted for residency will be young and middle-aged adults.

INTERPRETATION:

- (a) Priority will be given to those from 18 - 35 years of age.
- (b) Priority will be given to those persons presently confined to chronic hospitals, nursing homes and homes for the aged. (Due to lack of accommodation some young adults are forced to live in homes for the aged.)
- (c) Persons of a more mature age may be considered.

CRITERION 11:

Acceptance for residency will be open to those with physical disabilities requiring supportive services.

INTERPRETATION:

- (a) Residents will be those who are severely physically disabled and requiring physical or staff supports with respect to mobility, eating, dressing, bathing, toileting, communication, shopping, laundry, house-keeping.

CRITERION 111:

The resident must be capable of benefiting from the programs and environment of the Handicapped Action Group Incorporated residence.

INTERPRETATION:

- (a) The individual will have the capacity, desire, motivation and drive to upgrade and better his standard of living.

CRITERION IV:

Priority will be given to residents who are geographically located in Northwestern Ontario.

INTERPRETATION:

- (a) Whereas our research indicated a real and indeed an emergency need existed in the City of Thunder Bay, we feel we must give priority to residents of Northwestern Ontario.

CRITERION V:

Prior to acceptance, the prospective resident must provide the required information. If necessary, the individual will agree to undertake a medical examination.

INTERPRETATION:

- (a) A personal interview with the prospective resident will be arranged with the Admission Committee. (More than one interview is envisaged prior to acceptance; i.e. first interview - fact-finding information about resident; second interview - to determine the individual's motivational abilities.

CRITERION VI:

Duration of residency, permanent or otherwise, will be determined following a three-month probationary period.



INTERPRETATION:

- (a) The three-month probationary period will be used to assess the individual's willingness to help himself and his willingness to help his or her neighbour and his adjustment to the residence.
- (b) The Director of the Handicapped Action Group Incorporated's Residence will inform the resident upon completion of the probationary period if he/she has been accepted for residency. Reasons for non-acceptance will be discussed with the resident.
- (c) If an additional three-month period is indicated, the Admissions Committee will consider extending the probationary period.
- (d) In extreme circumstances, where the actions and behaviour of the resident does not warrant completion of the probationary period, the Admissions Committee will convene in an emergency meeting to review the case.

CRITERION VII:

Residency may be terminated either voluntarily or at the request of the Management Board.

INTERPRETATION:

- (a) Residents who wish to withdraw may do so.
- (b) In extreme circumstances where the actions, functional ability and medical need of the resident does not warrant continued residency, the resident will be requested to withdraw. In such cases, the Management Board will convene in an emergency meeting to review the case.
- (c) A former resident may re-apply for residency.



P R O G R A M    B R I E F

September, 1975

THE HANDICAPPED ACTION GROUP INCORPORATED

Housing Project

A P P L I C A T I O N    F O R    T E N A N C Y

I. PERSONAL INFORMATION:

NAME: Telephone: Sex:

ADDRESS: Social Insurance No.:

Age: Date of Birth:

Marital Status: Single ( ) Married ( ) Divorced ( )  
Separated ( )

Dependents (if any): NAME AGE RELATIONSHIP

NEXT of KIN: Name: Address:

Relationship: Phone:

Present Accommodation: Hospital ( ) Nursing Home ( )  
With Parents ( ) Own Home ( )  
Apartment ( ) Room & Board ( )

Occupation: Place of Work or School:

II. MEDICAL INFORMATION:

Type of Disability:

Onset of Disability:

If Spinal Lesion, state level: Partial ( ) Complete ( )

List of Medications:

Name of Attending Physician:

PROGRAM BRIEF - September, 1975  
THE HANDICAPPED ACTION GROUP INCORPORATED - Housing Project  
APPLICATION FOR TENANCY

III. SPECIAL CARE:

Bowel Routine: Enema ( ) Suppository ( ) None ( )

Bladder: Catheter ( ) Condom ( ) Ileal Bladder ( ) None ( )

Skin Care:

Dressing:

Personal Care Required from: Orderly ( ) V.O.N. ( ) Therapist ( )  
Personal Care Staff ( ) None ( )

IV. SELF-CARE:

Grooming:

Personal Hygiene, bath,

Transfer: Independent ( ) Require some assistance: (Specify):

V. HOME MAKING ACTIVITIES: Specify area of assistance required:

Cooking:

Bed making:

Laundry:

Housecleaning:

VI. MOBILITY & TRANSPORTATION:

Wheelchair ( ) Independent ( ) Using: Cane ( ) Crutches ( )  
Brace ( )

Ability to drive car: Specify:

Able to use public transportation:

Need special transportation: (Handi-Transit, Taxi, etc.): Specify:

VII. SPECIAL EQUIPMENT NEEDED:

List various devices (i.e., brace, reacher, manual or electric  
wheelchair, Hoyer lift, transfer board,  
special bed and its attachments):

A.L.P.H.A.TENTATIVE REVISED BUDGET FIGURES FROM CMHC

Total Loan Amount	\$735,060.00
Forgiveable Loan	73,506.00
Total Repayable Loan	<u>\$661,554.00</u>
Total Annual Rents Required	91,636.52
COMSOC's Space Rental and Construction costs	- 5,150.00
Provincial Grant	- 15,877.20
Actual Total Annual Rents Required	<u>70,608.80</u>
Minimum Annual Rents Collectable from Tenants	14,400.00
Estimated Total Annual Subsidy	56,208.00

Rent Supplement (which accounts for the \$56,208.00)

of the total required \$56,208.00:

Federal Government	(50%)	\$28,104.00
Provincial	(42.5%)	\$23,889.00
City	(7.5%)	\$ 4,215.00

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Ministry of Community and Social Services

Total Annual Support Care Cost	\$181,667.00
Total Capital Budget	\$ 8,000.00
Total Operating and Capital Budget for First Year	\$189,667.00



APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SEX \_\_\_\_\_

MARITAL STATUS SOCIAL INS. NO. OHIP NO.

NO. OF DEPENDENTS \_\_\_\_\_ HOW LONG HAS APPLICANT LIVED IN ESSEX COUNTY \_\_\_\_\_

SPONSOR'S NAME (IF SELF, PLEASE SPECIFY) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL DIAGNOSIS FOR HANDICAPPED STATE

DEGREE OF HANDICAP: MILD                      MODERATE                      SEVERE                     

Can applicant

\_\_\_\_\_ Climb stairs using a handrail?  
 \_\_\_\_\_ Walk without the help of another?  
 \_\_\_\_\_ Walk with help of attendant?  
 \_\_\_\_\_ Walk with cane or walker?  
 \_\_\_\_\_ Walk with crutches?  
 \_\_\_\_\_ Not walk but proper wheel chair?  
 \_\_\_\_\_ Not walk nor proper wheel chair?  
 \_\_\_\_\_ Not walk but transfer unaided to wheel chair?  
 \_\_\_\_\_ Not walk nor propel wheel chair but can sit in chair?  
 \_\_\_\_\_ Not walk nor propel wheel chair but can sit in chair if  
                   tied in?  
 \_\_\_\_\_ Only lie in bed or in special reclining chair?

Can applicant

\_\_\_\_\_ Feed self with no help?  
\_\_\_\_\_ Feed self with some help?  
\_\_\_\_\_ Not feed self (must be fed)?  
\_\_\_\_\_ Clothe self without help?  
\_\_\_\_\_ Clothe self without help but slowly?  
\_\_\_\_\_ Clothe self with a little assistance?  
\_\_\_\_\_ Cannot dress or undress self?



\_\_\_\_\_ Completely attend to needs at toilet?  
\_\_\_\_\_ With a little help attend to needs at toilet?  
\_\_\_\_\_ Needs help to transfer to toilet?  
\_\_\_\_\_ Not manage toilet?  
\_\_\_\_\_ Control bowel and bladder?  
\_\_\_\_\_ Wash hands and face unaided?  
\_\_\_\_\_ Shave unaided?  
\_\_\_\_\_ Bath without help (if helped in and  
\_\_\_\_\_ out of the tub).

GENERAL:

Can Applicant

\_\_\_\_\_ Use public transportation and/or  
\_\_\_\_\_ proceed about the city with no assistance?  
\_\_\_\_\_ Wisely handle own spending money?  
\_\_\_\_\_ Needs some help handing spending money?  
\_\_\_\_\_ Administer their own medication?

In what other areas might help be needed?

Getting in and out of bed? \_\_\_\_\_ Cooking \_\_\_\_\_  
Housework \_\_\_\_\_ Shopping \_\_\_\_\_ Personal business \_\_\_\_\_

INTERESTS AND HOBBIES:

\_\_\_\_\_ Grade achieved in school (or equivalent)  
\_\_\_\_\_ Reads current adults magazines, books,  
\_\_\_\_\_ newspaper etc.  
\_\_\_\_\_ Reads writing.  
\_\_\_\_\_ Reads printing.

Please identify hobbies or general social activities \_\_\_\_\_  
\_\_\_\_\_

HEALTH: (other than physical affliction)

\_\_\_\_\_ Is applicant generally healthy?  
\_\_\_\_\_ Does applicant wear glasses?  
\_\_\_\_\_ Does applicant wear a hearing aid?  
\_\_\_\_\_ Does applicant take special medication?  
\_\_\_\_\_ Has applicant ever had convulsions or  
\_\_\_\_\_ seizures?  
\_\_\_\_\_ Does applicant now have convulsions  
\_\_\_\_\_ or seizures?  
\_\_\_\_\_ Has applicant ever been under the care of  
\_\_\_\_\_ a psychiatric?  
\_\_\_\_\_ Is applicant presently under the care of  
\_\_\_\_\_ a psychiatric?

Has applicant any other physical condition we should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician \_\_\_\_\_

Phone No. \_\_\_\_\_

Address \_\_\_\_\_

SOURCE OF INCOME:

\_\_\_\_\_ Presently employed in gainful employment.  
\_\_\_\_\_ Presently employed in a sheltered workshop.  
\_\_\_\_\_ Presently unemployed.  
\_\_\_\_\_ Presently on a disability pension.  
\_\_\_\_\_ Other source of income.

Is applicant presently attending an educational institution? Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF EMERGENCY:

Name of nearest relative or friend \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I understand an interview will be necessary for each applicant and/or sponsor.

I understand that the applicant shall comply with policy guidelines established by the ALPHA Board, and if not, the Board may authorize discharge.

I understand that should I become ill and require hospitalization, or other accommodation that arrangements will be made by myself, by family, or by friends and ALPHA will not be directly responsible for this arrangement. However, in the event that I am unable to contact a physician, or in an emergency, I give my consent for ALPHA to contact a physician. I understand that additional information may be required by ALPHA from other agencies and I consent to the release of such information.

\_\_\_\_\_  
Signature



# A L P H A

## ADMISSIONS POLICY

The purpose of the ALPHA residence is to provide a satisfying home environment which meets the specialized needs of physically handicapped adults. This residence will be one in which the individual's ability to become integrated into the community will be enhanced. The individual must be willing and capable of participating in and contributing to the development of this program. This facility is not suitable for psychiatric or mentally retarded individuals.

### SECTION 1

#### GENERAL GUIDELINES FOR ADMISSION:

1. Degree of Disability - Based on need and the experience of other homes for the physically handicapped adult, a mixture of people with varying degrees of disability is desirable to provide the most functional type of setting. Admission to the ALPHA residence will be open to physically handicapped adults with varying degrees of disability. The type of disability will range from those that do not interfere with broad day to day functioning to those whose disability results in severe reduction in mobility and requires considerable support assistance.
2. Mix of Residents - Based on the assumption that the ALPHA residence is constructed to accommodate approximately 75% of its residents in single private rooms and approximately 25% of its residents in double rooms (e.g. married couple), this type of mix must be taken into consideration when potential applicants are being selected in relation to availability to space.

- (a) handicapped persons seeking single residency requirements will be considered;
  - (b) a couple consisting of a handicapped person whose spouse is also handicapped, seeking double residency requirements, will be considered;
  - (c) a couple consisting of a handicapped person whose spouse is non-handicapped, seeking double residency requirements, may be considered depending on the degree of disability and other important factors;
  - (d) children will not be permitted to reside at ALPHA;
  - (e) unless handicapped themselves, parents of a handicapped person will not be permitted to reside at ALPHA.
3. Review of Residency - In order to maintain a continuous and homogenous home-like atmosphere and in recognizing that an individual's circumstances and situation may change from time to time, a review of an individual's lease will be required as needed, or at least annually. In such cases, the residents situation will be reviewed by the admissions committee and any decisions re: termination of residency will be its responsibility.
4. Rent Subsidies - Because of contractual arrangements between ALPHA and the Ontario Ministry of Housing regarding the percentage of residents who will be receiving rent subsidies, consideration will have to be given to maintaining the specified level of subsidized tenants in reviewing an applicant for admission to the ALPHA residence.

5. Resident's Involvement - Because ALPHA believes in the democratic ideal of participation in decision making by those affected by it, the residents of ALPHA must have the opportunity to have input as to who will be admitted to the ALPHA residence. This will be accomplished through residents representation to the Admissions Committee.
6. Temporary Residents - If vacancies exist in the ALPHA residence, physically handicapped adults may be admitted on a temporary basis for a maximum of up to a one month period. The procedure to be followed and the information required in such cases will be similar to the policies outlined in this manual. The Administrator will assume responsibility for reviewing such cases.

## SECTION 11

### SPECIFIED GUIDELINES FOR ADMISSION:

1. Need - The following criteria will be taken into consideration in reviewing the need of each applicant applying for admission to the ALPHA residence:
  - (a) Present living situation;
  - (b) Type of disability;
  - (c) General Health;
  - (d) Suitability to Program;
  - (e) Percentage of income for rent costs;
  - (f) Time application on file;

2. Age - The ALPHA residence will be open to physically handicapped adults who are eighteen to sixty years of age. In special circumstances, consideration will be given to those who are less than eighteen years of age.
3. Degree of Disability - The disability of the applicant for admission to the ALPHA residence must be such that the type of living offered will enhance his capability to achieve independent living and integration into the community. The setting will assist the individual in this process; it will not be a disadvantage, nor will it be a lateral movement from the applicants' present living situation.
4. Probationary Period - In order to gain some impression as to the applicants' suitability to adjust to and benefit from the group living experience provided by the ALPHA residence, a probationary period of three months will be required in order to assess an individual's suitability and to allow the potential resident the opportunity to decide whether or not he may want to become a permanent resident of ALPHA.
5. Residency - Priority will be given to applicants who are either presently living in Windsor and Essex County and those who normally reside in the Windsor and Essex County area.



6. Information Required - The applicant for admission to ALPHA residence must supply all the information required by the Admissions Committee. This will include:
  - (a) A completed application form.
  - (b) A report of a medical examination that was conducted just prior to the admission interview and/or final acceptance.
  - (c) A self completed social history.
  - (d) Permission from the applicant to request information from any agency the applicant may have contacts with.

SECTION 111

ADMISSIONS PROCESS

1. The applicant desiring admission to the ALPHA residence or his appointed representative must complete the ALPHA application for admission form. The applicant should meet the Administrator of ALPHA to discuss the program and his suitability for it.
2. The Admissions Committee will then review the applicants' admission form.
3. If the Admissions Committee feels that the applicant meets all the eligibility requirements and if vacancies exist, the application will be further processed.
4. The Admissions Committee may then request an interview with the applicant and his family or guardian to further review the individual's suitability and interest in the ALPHA residence.

5. If the Admissions Committee's decision is favourable, the applicant will then be admitted on a temporary basis for a three month period as soon as possible.
6. At the completion of the three month probationary period, a final decision will be made as to whether or not the applicant should become a permanent resident of the ALPHA residence.
7. This decision will be made by the Admissions Committee in consultation with the Administrator and the applicant.
8. The Admissions Committee will be responsible for deciding on the termination of an individual's residency in the ALPHA residence.
9. All decisions by the Board of Directors will be final.
10. Re-application can be made to the Admissions Committee but only on the basis of additional information or the clarification of existing information.

#### SECTION IV

##### ADMISSIONS COMMITTEE:

1. The Admissions Committee will be appointed by the ALPHA Board of Directors and be responsible and accountable to the Board.

2. The Admissions Committee will consist of 7 people:
  - (a) 2 residents of ALPHA.
  - (b) 2 ALPHA Board Members (one to be Chairman).
  - (c) The Administrator of ALPHA (ex officio-no vote).
  - (d) A Medical doctor.
  - (e) A representative of the Provincial Government.
  
3. The terms of reference for the Admissions Committee will be:
  - (a) To review all applications for admission to the ALPHA residence.
  - (b) To make recommendations for admissions to the residence.
  - (c) To review individuals' term of residency when required.
  - (d) To review the admissions manual on an annual basis.

The Admissions Committee, on advice of its medical consultant, may request additional consultation through the applicant's physician.

July 29, 1976



March 7, 1977

A.L.P.H.A.

ADMISSIONS COMMITTEE

TENANT SELECTION PROCEDURE

Even though numbers have been used in describing levels of priority applied to the prospective tenants this is not meant to be used as a point system, but merely as a priority system. We attempt to incorporate a point system similar to that used by Windsor Housing Authority in our Admissions Criteria but it is felt that more flexibility is necessary. The rigidity of a point system does not allow the entire psychological and social portrait of the applicant to be considered. It is necessary to deal with the entire person if A.L.P.H.A. is to be a success.

PRIORITY SYSTEM

For the purposes of this tenant selection procedure, a physically handicapped adult is defined as a person who, because of physical loss, impairment, handicapping or disabling condition, requires assistance in carrying out some of the basic functions of daily living such as eating, sleeping, mobility, inter-communication, dressing, grooming, bathing, bowel and bladder functioning, housekeeping, shopping or transportation.

As well as using this definition the physically handicapped are also categorized according to severity of disability. There are three divisions; minor, moderate and severe. A minor disability refers to someone having reduced mobility who is capable of living independently with a minimal amount of human assistance for activities such as shopping. A moderate disability refers to a person who requires occasional human assistance in areas such as dressing, housekeeping, cooking, shopping and personal business, or transportation. A severe disability refers to someone who needs regular assistance with all of the above types of "support care".

A.L.P.H.A. attempts to house persons of these three levels of disability with approximately one third of the units to be occupied by persons on each disability level.

In deciding which of the individuals in each disability level who are applying for admission to A.L.P.H.A are selected, each application is subjected to a system of priorities. Persons with the highest priority in each of the three levels of disability are selected as A.L.P.H.A.'s tenants.

There are five specific areas of the prospective tenants application that are subjected to a system of priorities. These are:

- (a) Present Housing Situation
- (b) General Health
- (c) Social Needs
- (d) Present Financial Situation
- (e) Ability to Benefit from living at A.L.P.H.A.

(a) PRESENT HOUSING SITUATION

- Level 1 - Living in an institution with no alternative housing options, i.e. no family to live with.
- Level 2 - Not living in an institution but experiencing difficulty (psychological or physical) living at their place of residence/present situation good but subject to change due to health of the person caring for the individual.
- Level 3 - Living in a pleasant home-like atmosphere with no real need to move but with a possible desire for independence.

(b) GENERAL HEALTH

- Level 1 - Good health, few illnessess, daily activities rarely hindered by illness.
- Level 2 - Moderately good health, subject to frequent colds or flu, has daily activities occasionally disturbed by illness, occasionally has short stays in hospitals.
- Level 3 - Poor health, daily activity limited by illness, frequent stays in hospitals.

(c) SOCIAL NEEDS

- Level 1 - Gets along well with others, has work/leisure activities that occupy a large portion of the day, involved with groups or individuals in the community that require participation by the individual outside of his/her place of residence.
- Level 2 - Gets along well with others but does not feel a need to be around others, has interests and activities that occupy only a part of his/her day, little involvement in activities outside his/her place of residence.
- Level 3 - Can get along with people but prefers to be alone a great deal of the time, few hobbies and interests to occupy his/her time, little interest in activities outside his/her place of residence.

(d) PRESENT FINANCIAL SITUATION

- Level 1 - On a Disability Pension or General Welfare Assistance with minimal or extensive expenses for items such as transportation, medication, housing, etc.
- Level 2 - On a supplemented Disability Pension or some other source of income exceeding \$250.00 per month.
- Level 3 - Someone gainfully employed.

(e) ABILITY TO BENEFIT FROM LIVING AT A.L.P.H.A.

- Level 1 - Great desire for independence coupled with the hope of learning from living at A.L.P.H.A., has ability to become more independent (psychologically and physically) than their present state.
- Level 2 - A desire to be more independent and to live around other handicapped persons in an atmosphere conducive to interaction, ability to cope with the change in living arrangements but does not see them as essential



Level 3 - Limited desire for increased independence, does not see the move as a possible learning experience, limited capacity to become more independent (psychologically and physically).

Points to be considered:

- (1) Time application on file, - the earlier the person's application was submitted, the higher his/her priority.
- (2) Participation in the planning of A.L.P.H.A., - the more an individual has participated in the planning or on-going administration of A.L.P.H.A. the greater his/her priority.
- (3) Referrals from Ontario Housing Corporation waiting list -- the longer an individual has been on an OHC waiting list the greater his/her priority.

Admissions Criteria to be used for determining which type of unit an individual will occupy:

- (1) Tenant Desire.
- (2) Previous residence, - it felt that persons coming from institutions would more readily accept the concept of hostel accommodation and would find the transition less difficult than they might in moving into an apartment. Individuals who have been living on their own would find the independence and privacy of an apartment a necessity. A person's previous living arrangements would have no bearing on their choice between a one or two-bedroom apartment.
- (3) Tenant readiness, - refers to the person's psychological readiness to become totally independent. The independence required by each type of accommodation increases as one moves from a hostel bedroom through a two-bedroom apartment to a single bedroom apartment. A person's psychological ability to become independent would determine what type of accommodation he/she could cope with.

- (4) Physical needs, - it appears that persons requiring more support care services would find the hostel accommodation more suited to their level of independence whereas, those requiring fewer services could more readily cope with an apartment.
- (5) Persons who are already tenants in the residence will have priority over a prospective tenant if a different type of unit than the one he/she occupies becomes available.



A. L. P. H. A.

SAMPLE INTERVIEW SUMMARY

"BARB BLOE"

Barb is 25 years old. She lives with her mother and father in a house. She would like to move into a one bedroom apartment when A.L.P.H.A. is ready.

She spent most of her earlier life going in and out of hospitals. She attended the Red Cross School from age 5 to 18 and reached their grade 6 level. She was very unhappy the last couple of years that she attended school. They also coincided with the convalescent time of her father who was shot on duty as a policeman. The fact that her classmates progressed faster than her also caused her distress. She worked at the Workshop until last summer and since this time she has been at home.

Her disability is cerebral palsy, epilepsy and a congenital absence of the fingers on her right hand. She also has poor eyesight and a speech impediment.

DESCRIPTION

GENERAL HEALTH: Barb's general health is good. She takes valium to control spasms and other pills for her epilepsy. She rarely has seizures and they didn't start until she was 23 years old. She can take care of administering her own medication.

Level of Priority - (1)

SOCIAL NEEDS: Barb describes herself as hard to get along with and doesn't feel she could share an apartment.

She has a few friends but doesn't make the effort to visit them. She goes to the Y-Handicapped Club and the Holy Rosary Recreation Day. She attended Day Camp in Windsor two years ago and thoroughly enjoyed it, especially swimming. When asked why she didn't continue swimming through the Y Program she said none of her friends went. She attended the Workshop five days a week until her friends stopped going. She answered their phone and did other jobs. She was unsure whether she would return to the Workshop when it opens. However, if her friends do she might.

She has various hobbies such as knitting, typing, records, weaving and T.V. When I said A.L.P.H.A. might offer a home economics course she was very interested as she is just learning to cook and would like to know how to handle her own money.

Level of Priority - (2)

PHYSICAL NEEDS: Barb has an awkward gait and at times will need assistance from an attendant to walk distances. She can get up herself and attend to all her needs at toilet. She needs help with buttons and shoelaces when getting dressed. Someone must cut her meat for her. She is learning to cook but would still need quite a bit of help. She would need a little assistance with housework. Her shopping would require someone to carry packages. She is able to use public transportation if accompanied. She would probably need help managing money and doing personal business.

From the description of Barb's physical needs she appears to be Moderately Disabled.

Her daily routine does not require such support care - only for helping dress, cooking and cutting meat. This would perhaps be for 1/2 hour per day at mealtime. However, all other activities like shopping, housework, and personal business would mean a fair amount of support care.

HOUSING: At the moment her housing situation is good in that she has a nice home and her parents are in good health. However, she expressed the desire to move because she feels (or has been made to feel) that she is a bit of a burden. Her parents feel the need for a holiday without her once a year and they have difficulty getting someone to stay with her.  
Level of Priority (2)

FINANCIAL: Barb receives a Disability Pension of \$250.00 per month and could do very well on this. She has no debts, or any unusual expenses. At the moment she pays her parents room and board.  
Level of Priority (1)

ABILITY TO BENEFIT FROM LIVING AT A.L.P.H.A.:  
Barb appears to be a very emotional girl as she is easily overcome by tears. When she finds a new acquaintance she latches on fiercely. However, she is pleasant to be with and talk to.

Barb is much less emotionally mature than her 26 years, and I feel she might encounter quite a difficult time in adjusting to new found independence. Barb would undoubtedly eventually benefit from living at A.L.P.H.A. however, she seems to be somewhat lacking in psychological readiness to become independent.



Points to Consider:

- (1) Barbs application was submitted on August 9, 1976.
- (2) She has been moderately active in the planning stages of A.L.P.H.A. as she has helped arrange transportation to General Membership meetings and is a member of A.L.P.H.A. herself.
- (3) She is not a referral from Windsor Housing Authority.







